MP

Chemist&Druggist

The Newsweekly for Pharmsty

5 January 2002

WWEED MILLER

First draft of LPS proposals circulated

Herbal remedy use on NHS to be encouraged

ETP set-up costs to be paid by DoH

Pharmaceutical care: keep it in the business



Please turnover page for more information

MEED

New NiQuitin CQ 4mg Lozenges offer unsurpassed NRT quit rates

When your customers want to quit once and for all, you might be their best chance. For those who normally smoke within 30 minutes of waking, a recommendation for new NiQuitin CQ 4mg Lozenges can triple their chances of quitting compared with placebo. What's more, success rates with good compliance can be over five times greater than with placebo.1*

With NiQuitin CQ 4mg Lozenges you offer a success rate unsurpassed by any other form of NRT.^{1,2} End of story.

*Measured at 6 weeks, users taking more than the median dose (8.2 4mg Lozenges per day) during the first two weeks of treatment.

NiQuitin CQ Lozenge Product Information. Presentation: White, round lozenge, available in two trengths: NiQuitin-CQ 2mg Lozenge containing 2mg nicotine (as 11.1mg nicotine polacrilex) marked NL2 on one side and NiQuitin-CQ 4mg Lozenge containing 4mg nicotine (as 22.2mg nicotine polacrilex) marked NL4 on one side. Indications: Relief of nicotine withdrawal symptoms, including craving, associated with moking cessation. If possible, use with a stop-smoking behavioural support programme. Dosage and dm nistration: Adults: Users must stop smoking completely. NiQuitin-CQ 2mg Lozenges are suitable for two swhos smoke with a stop-smoking and NiQuitin-CQ 4mg Lozenges are suitable for those who smoke with unit of the swing and NiQuitin-CQ 4mg Lozenges are suitable for those who smoke with unit of the swing and NiQuitin-CQ 4mg Lozenges are suitable for those who smoke with unit of the swing and NiQuitin-CQ and Lozenge every 1 to 2 in the swing and NiQuitin-CQ and Lozenge very 1 to 2 in the swing and NiQuitin-CQ are swing and the swing

exceed 15 lozenges per day. Do not use for more than 24 weeks (6 months); if users still feel the treatment, they should consult a physician. Place 1 lozenge in the mouth and allow to dissolve. P move the lozenge from side to side in the mouth until completely dissolved (approximately 20 – 30 Do not chew or swallow whole. Do not eat or drink while a lozenge is in the mouth. Contraind Use by non-smokers, children and adolescents under 18. Those with: phenylketonuria, recent hear stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to rany of the ingredients. Precautions: Use only on doctors' advice if the user has hypertension, pe severe kidney or liver impairment, pheochromocytoma, hyperthyroidism, diabetes, cardiovascula (e.g., heart failure, stable) angina, cerebrovascular disease, vasospastic diseases, occluse peripher, disease). For sufferers of phenylketonuria — contains aspartame which metabolises to phenylal those on a low sodium diet — each dose contains 15mg sodium. Users with active oesophagit pharyngeal inflammation, gastritis or peptic ulcer may experience symptom exacerbation. No knot



Help bring smoking to a full stop 🔘

NiQuitin CQ™ 2mg Lozenge available for those who smoke after 30 minutes of waking

To drive but sinoking cessation itself can cause behavioural changes, **Interactions**: Concomitant on may need dose adjustment caffeine, theophylline, impramine pentazocine, phenacetin, izone, insulin, tacrine, domipramine, olanzapine, fluvoxamine, flecainide and adrenergic blockers randol) may need dose decrease; adrenergic agonists (e.g. salbutamol) may need dose increase, hene, frusemide and H₂-antagonists may also require dosage adjustment as smoking may after the structure of the salbutamol may have been considered to the effects of nicotine which ependent, or from smoking cessation. Headache, dizziness, mood swings, irritability, anxiety and an occur, and may also be due to nicotine withdrawal. Commonly reported adverse events include untiling, dyspepsia, hiccup, flatulence, diarrhoea, constipation, appetite changes, mouth ucceration, pharyngitis, coughing, wakefulness. Uncommon adverse events include general malaise, itching, sweating, gingival or nose bleed, palpitations, tachycardia, chest pain, flushing, nasal or lation, chest infection, dysproea, asthma exacerbation, taste disturbance, halitosis, gagging, lip

soreness or ulceration, tooth or jaw ache, oesophageal reflux, peptic tilcer, abdominal cramps, excessive thirst, nocturia, lightheadedness, nighthrares, restlessness, migraine, convulsions, sensory disturbance, unconsciousness. Pregnant or disturbance, unconsciousness. Pregnant or disturbance, unconsciousness. Pregnant or disturbance, which is a medical assessment of the risk/benefit should be made. Legal category: P. Product ficence number: NiQuitin CQ 2mg, lozenge PL 00079/0369; NiQuitin CQ 4mg, lozenge PL 00079/0370. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Pack size and RSP: 36's F8.99; 72's f17.49. Date of last revision: September 2001. NiQuitin CQ is a registered trademark of the GlaxoSmithKline Group of Companies.

References: 1. Data on file, GlaxoSmithKline, 2000. 2. Silagy C, Mant D, Fowler G et al. Nicotine replacement therapy for smoking cessation (Cochrane Review). In: The Cochrane Library, Issue 1, 2001. Oxford: Updal-Software.

DOUBLE WAN-Y



New, pharmacy only, double strength (10% ibuprofen) gel.

Product information. Nurofen Gel Maximum Strength: Gel for topical administration containing ibuprofen 10%www. Indications: For the relief of pain and inflammation associated with backache, non-serious arthritic conditions, rheumatic and muscular pain, sprains, strains, sports injuries and neuralgia. Dosage: Adults, the elderly and children over 14 years: Squeeze 2 to 5cm of the gel (50 to 125mg ibuprofen) from the tube and lightly rub into the affected area until absorbed. The maximum number of applications of 5cm gel in any 24 hours is four. Wash hands after each application. The dose should not be repeated more frequently than every four hours. Do not exceed the stated dose. Review treatment after 2 weeks, especially if the symptoms worsen or persist. Children under 14 years: Do not use on children under 14

years of age except on the advice of a doctor. **Precautions and Warnings:** Apply with gentle massage only. Avoid contact with eyes, mucous membranes and inflamed or broken skin. Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. The label will state. Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if you are allergic to ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if you are taking aspirin or any other pain relieving medication, you are pregnant. Not recommended for children under 14 years. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of

a) non-specific allergic reaction and anaphylaxis, b) respirate tract reactivity comprising of asthma, aggravated asthr bronchospasm or dyspnoea, or c) assorted skin disorde including rashes of various types, pruritis, urticaria, purpungiodema and less commonly, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gast intestinal: abdominal pain, dyspepsia. Product Licen Number: PL 10972/0082. Licence Holder: Goldshir Group PLC (trading style: Goldshield Pharmaceutica NLA Tower, 12-16 Addiscombe Road, Croydon CR0 0 Legal Category: P Price: MRRP £5.25. Date of preparatic June 2001. Distributed by

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Government starts finalising LPS plans 6

The Department of Health is gearing up to publish finalised details about local pharmaceutical service pilots. A draft proposals paper has been issued to select groups for comment before the end of the month



Better regulated herbal brands 7 Health secretary Alan Milburn, left, has set up a working

group to look at how herbal remedies can be better regulated. The aim is to make GPs feel more confident about prescribing herbal products on the NHS

NICE issues referral advice 8

The National Institute for Clinical Excellence has issued guidance for GPs on appropriate referral practice for 11 common conditions

Generics firms to disclose sales figures 10

Following new legislation, generics firms face fines if they do not give the Department of Health information about their sales and product prices by January 31

DoH hints at ETP money for pharmacists 11

The Department of Health will provide money for pharmacy contractors to cover the costs of installing electronic transfer of prescription (ETP) systems

*l*eaulars

Question time 6

Coming Events 12

Opinion 14

Xrayser 15

Marketwatch 26

Classified 40

Back issues 42

Pungent protector 21

Many people take garlic in the belief that it prevents colds, but garlie's bestresearched use is in lowering cholesterol, says Professor Edzard Ernst



-eatures

Praise at last 16

The Audit Commission has stressed the value of pharmacy in its report on medicines management in hospitals

Is the future in the pharmacy? 18

Pharmaceutical care should be based in community pharmacies, despite pressures to locate it elsewhere, argues Dr Terry Maguire

HAs may be compelled to explain pilot choices

Health authorities will most likely have to justify why they have not accepted outline proposals for local pharmaceutical service pilots, according to a draft Government document.

However, "satisfactory" pilot proposals may be approved on a "first come first served" basis "given that there will be a limit to the amount of non-discretionary funding". And while dispensing doctors or primary care organisations may not offer LPS, NHS trusts and bodies corporate, will be able to participate in LPS whether or not they are currently conducting a lawful retail pharmacy business.

Existing providers of pharmaceutical services who leave the current contract to provide LPS will be allowed to revert – under agreed terms – to the former contract status once the LPS pilot ends, or if terminated by the Secretary of State, says the document. "This is meant as a readmission rather than an opportunity to become a pharmaceutical services contractor by a route which circumvents the current rules for becoming a pharmaceutical service contractor."

Health authorities and primary care trusts may also propose pilots if no suitable plans are received, for example in a priority area for healthcare provision. However, before implementation, HAs or PCTs will have to assess the likely effect on the provision of existing pharmacy and GP services, as well as what effect it may have on other PCT areas.

Overall, full proposals will require "substantial details of the proposed scheme, its contribution to health gain, improved access, quality of service and value for money," says the limited-circulation consultation paper issued shortly before Christmas. The proposals have been sent to members of the Medicines Management Advisory Group, the LPS Reference Group, and PharmNet for comment by January 30 prior to the development of full DoH guidance expected later this spring.

The draft emphasises: "The paper does not represent settled Department of Health policy, and may therefore be subject to change." It further adds that it is likely separate consultation on individual aspects will occur, and that any proposed regulations will have to be laid before Parliament and will only come into effect if there is no resolution made against them.

Included in the proposals are examples of types of provider arrangement which may be considered within LPS. Possible scenarios include pharmacy contractors who:

 want to move to a more clinical contract where remuneration is not dependent on the number of prescriptions dispensed

 wish to continue to provide dispensing and pharmacy services to the general public, but also develop specific services for specific groups, such as drug misusers

• wish to retain their current contract status, but also join in a "legal entity" with other pharmacy contractors or other health and non-health professionals to provide additional LPS pilots – in this case the LPS contract would be with the legal entity.

LEGISLATION

DoH backs scripts for pets

The Government has supported proposals that vets should issue prescriptions rather than just supply pet owners directly with medicines.

However, it would prefer not to legislate to make this happen. Instead it supports the view that vets should be allowed to charge for issuing a prescription and wants more professional guidance on the matter.

Furthermore, the Government will not support proposals that would allow human generic medicines to be prescribed for animal treatment. This means it is unlikely that it will be possible to use a medicine licensed for human use in treating animals, unless there is no authorised veterinary medicine available.

The views come in the Government's interim response to the Independent Review of Dispensing by Veterinary Surgeons of Prescription-Only Medicines, otherwise referred to as the Marsh Report.

The National Office of Animal Health, which represents manufacturers of animal

medicines is pleased that medicines classification is likely to remain on a product-by-product basis. It says the *Marsh Report* proposals to allow use of human generic medicines in companion animal medicine would be detrimental to medicines availability in the long term.

"There would be no incentives for companies to invest in new pet medicines, or to research extending their use to different species," it said, adding that as human medicines do not have specific animal dosages or formulations, vets would not benefit from the knowledge base of the animal medicine manufacturers.

The Veterinary Medicines Directorate is now seeking views on the Government's interim response.

Comments should be sent by March 29 to the VMD, Woodham Lane, New Haw, Addlestone, Surrey KT15 3LS.

For more information: http://www.vmd.gov.uk/

http://www.vmd.gov.uk/ Tel: 01932 336911. LEGISLATION

GSL amendments issued

Regulations relating to the General Sales List status of aspirin 75mg, liquid ibuprofen, cetirizine, loratidine, and ibuprofen lysine have been issued.

Coming into force on December 24, 2001, the regulations amend the GSL by:

- increasing the maximum pack size from 16 to 28 of noneffervescent enteric-coated aspirin tablets 75mg for sale from premises other than pharmacies
- allowing general sale of liquid preparations of ibuprofen where the product contains not more

than 20 unit doses of not more than 5ml

allowing general sale of cetirizine hydrochloride or loratidine tablets in containers of not more than seven tablets

• allowing general sale of products containing ibuprofen lysine in packs of not more than 16 tablets.

For more information:

The Medicines (Sale or Supply)(Miscellaneous Provisions) Amendment Regulations 2001, ISBN 0 11 039074 1; SI 3849

Questiontime

Do you think the Royal Pharmaceutical Society should be the registration body for pharmacy staff?

Yes

No

Don't know

You can record your answer on our website www.dotpharmacy.com on the home page. Select your answer and then click on the vote box. Your answer is automatically collated.

You have until noon on January 8 to cast your vote. We will publish the result in C&D, January 12.





Pharmacists across continental Europe were faced with a new currency on New Year's Day, as the Euro was introduced in 12 countries. To mark the launch, a giant Euro sign was set up outside the European central bank in Frankfurt by Europoint, a local independent organisation

go Platinum



There are only a few weeks left to get your shopfit recognised with a Platinum Design Award and win a share of £5,000 prize money.

The Platinum Pharmacy Design Awards, co-sponsored by Chemist & Druggist and Ceuta Healthcare, are open to anyone who has designed, refitted or redeveloped a pharmacy between January 2000 and December 2001.

As well as a share of the £5,000 prize fund, you will be in with a chance to win a luxury holiday for two. The closing date for entries is February 1. For more details on how to enter, see the advertisement on page 31.

Get noticed - NHS to use more herbal remedies

Herbal remedies are to be promoted for use on the NHS under plans by Health Secretary Alan Milburn to increase access to alternative therapies.

Whitehall sources said GPs arc likely to be paid to refer patients for alternative therapy under proposals being drawn up by health ministers for the new year. It is not clear how much they will be paid but ministers want the incentive to be enough to increase referrals.

Mr Milburn has appointed Professor Michael Pittilo, pro vice-chancellor in charge of academic quality at Hertfordshire University, to chair an independent working group that will draw up the proposals for statutory regulation of herbal medicine.

Although patients can already be referred for alternative therapies on the NHS, at the discretion of GPs, surveys show that two-thirds of GPs do not provide access to complementary therapies and those who do expect patients to pay.

"It is time to give serious consideration to the options that various complementary therapies can offer," said a DoH spokesman.

The working group will seek agreement with the professions involved. It is not clear whether they will consult directly with pharmacists. The legislation will remove the liability for the alternative therapies from the general practitioner as part of the attempts to persuade more GPs to refer patients.

The National Institute for Clinical Excellence has also been asked to evaluate the effectiveness and efficiency of various complementary medicines such as acupuncture, yoga and aromatherapy for use by the NHS. The report is expected early this year.

The review will also decide whether acupunture should be subject to statutory regulation.

Drugs bill forecast to grow 10pc

The drugs bill for this financial year is forecast to grow 10 per cent compared to an average of 8 per cent over the last five years.

The increase has been attributed to guidance issued by the National Institute for Clinical Excellence and the effect of National Service Frameworks, according to the Department of Health.

In its prescribing and budget setting guidance for primary care organisations for 2002/3, the DoH has warned PCOs of important factors that may influence prescribing costs next year including:

- NICE guidance with the statutory obligation to fund treatments recommended by the Institute from January 1
- NSFs especially diabetes, with £60 million earmarked within unified allocations for the CHD programme
- newly-licensed drugs
- nurse prescribing although if managed properly this should not affect drug costs
- out-of-hours prescribing as part of new arrangements to improve patients access to medicines, prescribing budgets will be allocated for OOH services
- gluten-free foods the DoH said new arrangements for the supply of gluten-free foods will probably mean that expenditure on these products will no longer be chargeable to individual GPs
- walk-in centre prescribing. Health authorities and PCOs

are also advised to develop riskmanagement strategies to cope with in-year prescribing pressures and incentives to improve prescribing.

From April 1, day-to-day management of prescribing will fall to PCTs, apart from a few HAs that retain responsibility for a small number of PCGs.

Budget-setting guidance and a budget-setting utility is available on the Prescribing Support Unit website.

For more information:

www.psu.ppa.nhs.uk www.doh.gov.uk/prescribingbudgets



view

Clinical governance - an opportunity, not a threat

NPA chief executive John D'Arcy explains what clinical governance means to community pharmacists



Clinical governance is a key Government priority for the new NHS and is one of the "buzz" NHS expressions on the lips of virtually all involved in healthcarc. But what exactly does it mean and how will it affect everyday practice?

Quite simply, clinical governance is a means for achieving improvements in quality of patient care. None of us would argue against that being our priority, but as with any new concept, clinical governance may appear threatening at first sight.

It should not! It should be seen as an opportunity for community pharmacy to demonstrate the supportive role it can play in delivering quality carc to patients.

The DoH is issuing guidelines on good practice in clinical governance in community pharmacy to health authorities and PCTs. The National Pharmaceutical Association has had input into those guidelines. Community pharmacy will have to address clinical governance in its own right but will also be expected to contribute to local multidisciplinary clinical governance initiatives.

The Government has indicated

that the participation of community pharmacy in local arrangements will be a key area in the review of the national contract

Don't be intimidated by clinical governance. Many of the principles behind the term will already be familiar. The key elements of pharmaceutical clinical governance include:

- risk management
- significant event analysis
- pharmaceutical and clinical
- handling complaints
- involving patients and carers
- continuing professional development.

Clinical governance covers a wide range of services and systems in community pharmacy and so its implementation will take time. The NPA will shortly be issuing "How to Do It" guidance to help incorporate clinical governance into daily work.

Risk management is a key priority in the Chief Mcdical Officer's report, "An organisation with a memory - 2000" which sets a target to reduce the frequency of serious medication errors by 40 per cent by 2005. The Royal Pharmaceutical Society has a professional requirement that by January 1, 2005, all community pharmacies will need to implement standard operating procedures for the dispensing process.

Ensuring that risk management procedures operate in pharmacies will help keep Chemist Defence Association premiums low. I urgc members in England most strongly to enrol in one of the CPPE workshops on risk management being held at locations throughout the country. These workshops, developed with the NPA, will help you to meet the Government's requirements for clinical governance and the RPSGB's requirements for standard operating procedures.

NICE issues advice to GPs on referrals

The National Institute for Clinical Excellence has issued a guide on appropriate referral practice to the NHS in England and Wales.

The publication, Referral Advice, covers 11 common conditions but is not intended as formal NICE guidance. It is designed to be a resource to stimulate local health communities to discuss referral issues and to develop their own referral protocols.

The conditions covered are acne, acute low back pain, atopic eczema in children, menorrhagia, ostcoarthritis of the hip and knee, persistent otitis media with cffusion (glue ear) in children, psoriasis, recurrent episodes of acute sore throat in children aged up to 15 years, urinary tract "outflow" symptoms in men and varicose veins.

The topics, which were referred to NICE by the Department of Health and the National Assembly for Wales, were selected because they covered areas where there is uncertainty about which patients might benefit from specialist services.

For more information:

www.nice.org.uk



The National Pharmaceutical Association was presented with a Special Award for Innovation for its Pharmacy Services Level 3 NVQ for dispensing technicians. At the National Training Awards ceremony, held in December the NPA was one of only eight training providers to receive a special awar for the NVQ which was judged to be particularly innovative in its delivery and in its target audience. The NPA's head of training, Ailsa Benson, said: "We are delighted to receive this additional award in recognition of the programme." Pictured left to right: Krishnan Guru-Murthy, Channel 4 newsreader; Ailsa Benson, NPA's head of training; Lesley Johnson, pharmacist training officer, NPA; Maggie Jordan, administrative assistant NPA training department; Sian Lloyd, ITV weather forecaster

Council appointee

Dr Tony McGleenan has been appointed to the Council of the Pharmaceutical Society of Northern Ireland.

A lawyer specialising in the field of public law, Dr McGleenan is the Qucen's University appointee.

CMO is knighted

Professor Liam Donaldson, chief medical officer at the Department of Health, has been knighted in the New Year's Honours.

There were no awards honouring people specifically for services to pharmacy or the pharmaceutical industry.





PLUS pharmacy-strength

PLUS Nurofen, the No1 name in pain relief!

A huge plus for your pharmacy

Product information. Nurofen Plus: Each tablet contains 200mg buprofen Ph Eur and 12.8mg Codeine Phosphate Ph Eur Indications: For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and nfluenza. Dosage and Administration: Adults and Children over 12 years: one or two tablets every four to six hours. Do not take more han 6 tablets in 24 hours. Not for use by children under 12 years of age. Elderly: No special dosage modifications are required unless enal or hepatic function is impaired, in which case dosage should be assessed individually. Contraindications: Patients with existing, or a history of, peptic ulceration. Hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs NSAIDs). Patients with a history of bronchospasm, rhinitis, urticaria issociated with aspirin or other NSAIDs. Hypersensitivity to codeine. Sepiratory depression, chronic constituents with renal, cardiac or

hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. The elderly are at an increased risk of consequence of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. Should be used in caution in patients with hypotension and/or hypothyroidism. The tablets should be used in caution in patients with raised intracranial pressure or head injury. The label states: Do not use if you have a stomach ulcer or are allergic to ibuprofen (or any of the ingredients of the product) or aspirin. If you are allergic to or are taking any other painkiller, pregnant, or suffer from asthma, speak to your doctor before taking Nurofen Plus. Do not exceed the stated dose, keep out of the reach of children, if symptoms persist consult your doctor. Side Effects: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a)

non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal - abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastro-intestinal bleeding. Renal - papillary necrosis which can lead to renal failure. Others - hepatic dysfunction, headache, dizziness, hearing disturbance. Rarely thrombocytopenia. Side effects of codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. Product Licence Number: PL 0327/0082 Licence Notder: Crookes Healthcare Limited, Nottingham NG2 3AA. Legat Category: Price: MRRP: 12's: £2.45, 24's: £4.65, 48's: £8.15, 72's: £9.99. Date of Preparation: October 2001.

Date of Preparation: October 2001. **Reference: 1.** I.R. data MAT March 2001 Value and Volume. NFN 341

CROOKES HEALTHCARE

WHEN CUSTOMERS ARE AT HIGHER RISK OF DEVELOPING DVT





New Class 1 Flight Socks from Scholl. Prepare for take off.

Compression hosiery is now a recognised preventive measure against developing DVT on flights of four hours or more, as it helps counteract possible circulatory problems that may be caused by cramped seating, dehydration and lack of exercise.^{1,2}

Scholl the No.1 brand in Compression Hosiery^s now offers a range of easy to wear Flight Socks suitable for men and women of all ages. In addition to Scholl Flight Socks (10mmHg), Scholl have now introduced New Scholl Flight Socks Class 1 (14-17mmHg) for those customers at a higher risk.

In its on-going commitment to category growth, Scholl will be supporting the brand with a programme of consumer education and awareness including national press advertising and public relations. Look out for your SSL representative for full details.

Who is at higher risk? Everyone is at risk, including those with no previous history of leg swelling (sedema). However, based on the House of Lords Select Committee on Air Travel and Health⁴ the following risk factor are considered to increase the chances of a DVT developing: Personal or family history of blood clots, age over 40, pregnant women and those who have recently given birth, female hormone medications including contraceptive pill and HRT, height over six feet tall or under five feet, obesty, former or current malignant disease, variouse veins, heart disease, recent surgery or injury, especially to lower limbs or abdomen, inherited acquired blood clotting defect e.g. factor V Leiden, prolonged immobilisation. If you are at all concerned about your customer please refer them to a GP or Practice Nurse for further advice as they may wish to prescrib a higher level of compression or additional prophylaxis. References: 1 Gangrande P. (1999) Thrombosis and Air Travel, Aviation Health Institute. Oxford, 2 Aerospace Medical Association (1997), Medical Guidelines for Airfine Travel, Virginia. 3 Data on file. 4 The predisposing factors to DVT as identified by the House of Lords Select Committee on Science and Technology 5th Report on Air Travel and Health.







DoH promises to cover pharmicists' ETP costs

The Department of Health is promising to cover the cost pharmacists are likely to incur in order to get their computer systems ready for the electronic transfer of prescriptions.

A DoH spokesman said that once the pilots had been completed, evaluated and standards had been determined, the roll out would be funded through Primary Care Trusts.

While no details regarding the eventual system and the funding mechanisms have yet been released, the spokesman confirmed that the DoH "will be looking to fund the upgrading of the pharmacy systems".

Questions had been raised over a true business case and the incentives for taking part in ETP.

Chris Brooker, managing director of PharMed, said that so far the department had not only failed to support pharmacists, but it had actively discriminated against them.

"The DoH has funded successive generations of GP systems, but they put nothing at all into pharmacy," he said.

Ian Shepherd, the Society's head of information management strategy, added that the DoH had only budgeted for the relatively small number of messages being sent between the pilot sites and the

Prescription Pricing Authority during the pilot stage. However, these were set to increase significantly once a system is rolled out.

"Somebody [at the Department of Health] has to start thinking about this quite soon," he commented.

But Mr Brooker still sees a solid business case for pharmacists to get involved in ETP.

In light of increasing prescription numbers and manpower shortages, ETP would allow pharmacists to provide a "virtual" prescription collection service without having to send staff out to collect them.

Mr Brooker also believes that ETP will allow pharmacists to monitor their NHS payments better, as well as being able to resolve potential queries on the same day.

"It will put a stop to the ridiculous situation of vans driving around collecting boxes full of prescriptions," he said.

The biggest benefit from ETP would arise from improved discharge management of patients between hospital and community pharmacies, as well as the opportunities in medicines management.

"It can reposition pharmacists as mainstream healthcare professionals with equal access to patient records.

"Medicines management is the obvious application which justifies putting the infrastructure in place," Mr Brooker said.

Hilary Basely, a spokesman for Flexiseript, said ETP could pave the way for repeat dispensing and sharing other information such as drug allergies and pregnancy.

However, Sid Dajani, a member of the Royal Pharmaceutical Society's Council, warned that unless pharmaeists were paid for the service, they should not get involved in ETP.

While acknowledging that ETP was the link to an extended role for pharmacists, Mr Dajani insisted that any spare money would be better spent on improving premises, developing new roles and services.

"These are all things pharmacists could lose their contract over if they don't do it," Mr Dajani said.

Meanwhile, Mr Shepherd also warned that the DoH would not allow anybody to participate in ETP who did not comply with the standards it had outlined.

Software suppliers had to go through an "ETP development" stage, especially surrounding the eneryption of messages.

"They have to take quite an active approach to this," Mr Shepherd added.

Better data on drug industry

Data based on 46 newly-developed performance indicators for the pharmaceutical industry suggests that the UK has a comparatively strong scientific research base, and an impressive record of pharmaceutical innovation. But it also shows a slow uptake of new medicines by prescribers.

The indicators were launched jointly by the Government and the Association of the British Pharmaceutical Industry (ABPI).

The two parties had committed themselves to developing and publishing such indicators as part of the PICTF (Pharmaceutical Industry Competitiveness Task Force) process (see C&D March 31, p32).

Twelve of the indicators were classified as "main indicators", including:

• the number of graduates with degrees in science subjects relevant to the pharmaccutical industry

• the amount of venture capital invested in the pharmaceutical industry

• the amount of Government expenditure on research & development in medical and biological sciences

• the proportion of world patents filed for new NME's (new medical entities) as a proportion of world R&D spend

 UK-based eompanies' number of "global top 75"

• percentage of world pharmaceutical R&D spend.

Similar data will be collected and published annually to establish how this picture is changing over time.

For more information:

www.doh.gov.uk; www.abpi.org.uk

Sankyo takes back price rise

Sankyo Pharma has over-turned the recent price increase on Propain capsules. For full details, check the January 5 *Price List* supplement, and ignore the prices in the current January *Price List*.

Sankyo apologises for any ineonvenience eaused.



National Co-operative Chemists (NCC) has relocated its town centre branch in Corby, Northamptonshire into a new healthcare centre adjacent to an ambulance station. One of the main aims of the new 1,800ft² pharmacy, which is located in the city's Forest Gate, is to develop local pharmaceutical services and eventually run clinics. Roy Carrington, NCC's chief executive, said the future for pharmacy was to move beyond the traditional shopping locations and work in close proximity with doctors, nurses and other healthcare professionals



Generics firms face fines over lack of sales data

The Department of Health is set to fine generic manufacturers if they don't supply the requested information relating to certain product sales by January

A statutory instrument has been passed in which the Government is asking for specific information relating to:

- the number of packs for each product sold through wholesalers, dispensing doctors and pharmacists
- the income generated by the sale of each product
- the identity of the manufacturers and the charges made in cases where the product is not manufactured in-
- the number of packs supplied to pharmaeists and dispensing doctors directly
- the number of packs supplied to wholesalers.

The information requested

relates to the year to December 31, 2000.

A daily fine will be levied for non-compliance with the statutory instrument by the end of January

Manufacturers with sales to the National Health Service of less than £5 million will be fined £250 per day during the first fortnight of exceeding the deadline. The fine for manufacturers with NHS turnover of between £10m and £100m will be £2,500 per day during the first two weeks. Manufacturers with sales of more than £100m face a daily fine of f_{5} ,000. After the initial two weeks the fine will be doubled.

However, John Beighton, the new chairman of the British Generie Manufacturers' Association, insisted that the new statutory instrument did not pose a problem for manufacturers.

Bioglan to be 'rescued'

A rescue plan has been agreed for embattled biotechnology company Bioglan, involving its competitors SkyePharma and Quintiles and the company's banks.

The agreement centres on Bioglan's European, US, Canadian and Mexican marketing rights for Solareze, a topical treatment for actinic keratosis, which it acquired from SkyePharma.

Bioglan will transfer the American rights for the treatment (US, Canada, Mexico) to Quintiles and will receive £15 million. It will also receive a fee for providing marketing, distribution and promotional services. However, the company will retain the European rights for Solareze, which is currently marketed in the UK, Germany and Sweden.

Bioglan has also agreed to pay still outstanding under the licensing agreement. This led SkyePharma to withdraw its threat of terminating the agreement.

until the end of January.

ComingEvents

Care of the terminally ill patient, speaker to be announced, at the Tigers Ground, 7pm for 7.45.

Oxfordshire Branch, RPSGB

Helen Darracott (Head of Ethics, Dilemmas, 7.30pm for 8pm, George Pickering Postgraduate Centre, John Radcliffe Hospital.

Northern Scottish Branch,

What's new? - joint meeting with SCPPE and GPs, 7.30pm, Golf

JANUARY 10 Lanarkshire Branch RPSGB

Visit to the new Hairmyres Hospital, East Kilbridge.

Glasgow Branch, RPSGB

Frank Owens (SPGC chairman) on Community Pharmacy, 7.30pm for

SkyePharma the \$12.5m (£8.6m)

Bioglan said it now had enough working capital to continue trading

JANUARY 8

Leicestershire & Rutland **Branch, RPSGB**

RPSGB) on Pharmaceutical Ethical

RPSGB

View Hotel, Nairn.

Current Remuneration issues in 8pm, McCance lecture theatre, McCance Building, University of Strathclyde.

Product information

Active Ingredient: Peppermint oil BP 0.2ml

Presentation: Light blue/dark blue sustained release enteric coated capsule.

Uses: Relief of the Symptoms of Irritable Bowel Syndrome (IBS).

Dosage and Administration:

Adults and Elderly: I or 2 capsules three times a day, according to discomfort, for up to 2 weeks.

With medical advice may be used up to 3 months.

Children: No experience below the age of IS years.

Do not take immediately after food or with indigestion remedies.

Special Warnings and Precautions:

The capsules should be taken whole, they should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth or oesophagus.

The diagnosis of IBS should be confirmed by a doctor.

- A doctor should be consulted where -
- (a) patient is 40 years or over with changed symptoms or long gap since last attack,
- (b) blood passes from the bowel.
- (c) nausea or vomiting,
- (d) paleness/tiredness,
- (e) severe constipation,
- (f) fever,
- (g) recent foreign travel,
- (h) pregnancy or possible pregnancy,
- (i) abnormal vaginal discharge or bleeding,
- (j) difficulty or pain passing urine,
- (k) loss of appetite or loss of weight.

The patient should consult their doctor if new symptoms occur or there is a lack of improvement after two weeks.

Safety has not been confirmed in pregnancy or lactation and it should not be used unless directed by a doctor. Adverse Effects: Occasional heartburn

and peri-anal irritation. Allergy to menthol in the oil is rare: symptoms are rash, headache, slow heartbeat, muscle tremor and clumsiness, which may occur in conjunction with alcohol.

Overdose: Gastric lavage. Symptomatic treatment.

Package Quantities: Colpermin is available in cartons of 20 or 100 capsules.

Price: 20 capsules £2.75 trade. £4.85 RSP (£4.13 exc.VAT); 100 capsules £10.96 trade, £19.32 RSP (£16.44 exc.VAT).

Legal Category: GSL.

Pharmaceutical Precautions: Store below 25°C; avoid direct sunlight.

Product Licence Holder: Pharmacia Ltd, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel:

registered Trade Mark. Product Licence Number: PL0032/0218.

Date of Preparation: November 2000.

Pharmacia Ltd, Davy Avenue, Milton Keynes, MK5 8PH. U.K. Telephone: 01908 661101

01908 661101: Colpermin is a



WHOLESALERS

Gehe director in charge of **European wholesaling**

Gehe AG is transferring overall responsibility for its European wholesale business to Jacques Ambonville, a French pharmaeist who has been a Gehe board member since 1995.

Mr Ambonville is currently chief executive of OCP group and is responsible for wholesaling in France, Portugal, Belgium and Italy.

The move mirrors the situation in Gehe's European retail business, responsibility for which lies with Mike Ward.

"It is nonsensical that at a time when Europe moves ever closer this is not reflected in our company," explained Dr Fritz Oesterle, Gehe's chief executive.

It also paves the way for wider scale restructuring in the wholesaling business, details of which are expected to be released during the first quarter of this

Jürgen Ossenberg-Engels, who had been in charge of Gehe's



Jacques Ambonville: broader responsibility in Europe

German and Czech wholesale businesses has resigned.

Mr Ossenberg-Engels will be succeeded by Wolfgang Mähr, who will run the German wholesale business.

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MODIFIED RELEASE CAPSULES

MORE THAN JUST AN ANTISPASMODIC



Comment from the Editor



Happy New Year, and it looks like being an interesting one! After appearing to mark time for much of 2001, a number of important initiatives are now running concurrently. The Department of Health has started sounding out key groups

about the structure and content of local pharmaceutical services (see p6). How LPS shapes up will be key to any future contract for community pharmacy services. The draft sets out three possible service provider arrangements envisaged by the DoH. The future of every contractor depends on knowing what is in the pipeline... and it is never too soon to start planning (see $C \mathcal{C} D$ next week for more details).

Another concern is the Royal Pharmaceutical Society's decision to become the regulator of all pharmacy staff. When the Society decided that medicines counter staff needed to complete a recognised training course, pharmacists could see the logic – especially after various Which? hunts had shown that the public was being offered advice of questionable quality.

The Audit Commission has encouraged the Society to

introduce formal registration for hospital technicians ($C \mathcal{G} D$ Dec 22/29, p11), and by extension, those in the community. There have been concerns about the RPSGB representing both pharmacists and technicians (not least from John Ferguson, the Society's former secretary and registrar).

The Society says that it wants to regulate all pharmacy support staff, but where does it intend to draw the line? Many pharmacy staff have little or no involvement in the sale or supply of medicines. The proposals being drawn up will have to include some convincing arguments if they are to win over community pharmacists, and the Society will have to manage affairs better than it did with counter assistants' training.

After appearing to mark time for much of 2001, a number of important initiatives are now running...

Yourviews

Kalpesh Patel, chairman of Bucks LPC, says new community pharmacy services are within our grasp, given proper Government support and a flexible approach

A formula everyone can benefit from

Pharmacy contractors in England and Wales are justifiably angry, let down by a Government that extols the virtues of pharmacy and expects greater pharmacist involvement in the delivery of healthcare.

With an ageing population, record numbers of GPs retiring and a struggling hospital sector, the challenge for the Government is to deliver healthcare with the existing workforce. Pharmacists are well placed to take on new roles in healthcare delivery, but for this to happen there must be flexibility in the way we

There must be opportunities for specialisation and training. The pharmacy programme will only become reality when community pharmacists get the recognition and reward for the work they already do. A demoralised



Kalpesh Patel, chairman of **Buckinghamshire LPC: urgency to** deliver an improved Health Service before the next election

workforce will not rise to new challenges.

Community pharmacy is a glowing example of success in a relatively unsuccessful system. We all know the NHS is inadequate by modern standards. Community pharmacy is the only part of the Health Service which does not have a waiting list, one of the Government's performance indicators. It also led the way in primary care in computerising patient medication records, labelling and utilising medicines usage software.

It seems to me that the Government genuinely wants to improve the Health Service and wants value for money. There is great urgency to deliver before the next election. Let us help the Government to achieve its goal. We need to design a modern innovative pharmaceutical service which can deliver a lot more than at present. To design such a system, we need to move away from the global sum and cost out every aspect of the service.

The new service should have a

comprehensive medicines management programme drawn up with GPs. It should also involve collaborative work with nurses and others to run diabetic clinics, asthma clinics, hypertension clinics, in-house blood diagnostics and minor ailment referrals.

Most of these initiatives would be in the form of LPS's. The new services aim to help achieve target set by National Service Frameworks, reduce hospital admissions, and generally improve the quality of life of local populations.

The new services will be better for patients, better for the taxpayer, and better for the profession of pharmacy. Before we embark on any new initiatives, we need to ensure that the service is viable and properly funded.



Northern ireland NOTEBOOK

Raising new hopes for the **New Year**

Another year gone and the new year is radiant in its promises. I have been re-reading my contributions for 2001 and am disappointed with my negativity, so much so that I would like to apologise. This year, I shall stop moaning and be more positive.

As is traditional in December, I treated my staff to a night out. It was most enjoyable to share a relaxing time with them, and talk about their families, ideas, hopes.

I never thought of myself as a good boss but I am reassured to know that they appreciate me.

A flood of Christmas cards from customers confirms that, if nothing else, my pharmacy is a respected and valued part of the community. To them I am more than someone who dispenses medicines. In the bigger scheme of things I am the current custodian of this service. In addition to dispensing we provide everything

...if nothing else, my pharmacy is a respected and valued part of the copmmunity

from social work to bereavement counselling. How well I perform in these extra tasks is questionable but I try, and sometimes it makes a difference.

In my more reflective moments I now appreciate that my job, stressful as it can be, allows me to achieve a level of personal fulfilment beyond fiscal reward. I am proud to be a pharmacist.

As pharmacists, working at the heart of communities, we provide so much more than we are paid for. This fact will never be recognised by our paymasters but, and not wishing to sound too pious, it makes us better people. I really should be more positive. A happy, peaceful and prosperous New Year to you all.

Written by a practising Northern Ireland pharmacist

TOPICAL REFLECTIONS

More questions than answers so far for 2002

Well, that's it. Christmas and the New Year are over for another year. Whether my business can now return to "normal running" remains uncertain, as 2002 promises to be anything other than normal. The high hopes of 2001 have not yet been realised and I am now more confused then I was at this time last vear.

It is little consolation to know that I am not alone. Most of you out there, whether independent practitioners or employees, seem no clearer than I am as to where the road to professional salvation lies. What I desire most for 2002 is clarity of purpose and that is where the Government has, so far, so spectacularly failed.

I have been informed of all these imminent Utopian plans for a new contract, for medication management, for local pharmaceutical services and for pharmacist prescribing, but with no explanation of how I will be involved, how I will be trained or how I will be paid.

As a small example, I have received a bombshell from my local PCT in the new year mail. It seems that the Government has directed that comprehensive out-of-hours pharmaccutical services must be in place within the next few months. In particular, the whole of a patient's

medication requirement must be

provided within the time frame of the out-of-hours consultation. My PCT wants to know what I am going to do about it!

Answer? Nothing. I already provide an out-ofhours urgent prescription service that is not enough, apparently, to satisfy this latest requirement. What does the PCT want? A 24-hour fully-staffed pharmacy in every town? Finc, but at what cost and out of whose pocket? Certainly nothing has been offered from central Government and if the powers that be think that I will pay for it, then some anonymous administrator must be living in cloud cuckoo land.

Grandiose plans arc formulated without consultation and without thinking through the consequences. If this out-of-hours fiasco is a foretaste of the way forward for introducing all the other Pharmacy in the Future policies, then we are in for a fun year. When will somcone in the Department of Health listen and understand that enough is enough? The accelerating merry go round of chasing prescription numbers cannot continue indefinitely, but there is still no sign of an alternative strategy.

I need to know how I must change, in which areas I need to train staff, and how I will be paid. I have patients to serve, a business to run and a future to plan. I need clarity and direction. Now!

Let's get under one umbrella

My dispensary technician is a member of the old school and originally qualified as a technician via membership of the Society of Apothecaries. Responsibility for training then passed to City & Guilds, BTechs and finally to NVQs. But in all this time no single organisation has represented the professional aspirations of all technicians, and in particular technicians practising in the community.

Now the Royal Pharmaceutical Society has said that it wishes to be the regulatory body for all pharmacy support staff and wants to consult on the scope and implications of such involvement (CGD December 22/29, p6). Pharmacy is a small profession and cannot afford to be divided. The recent report of the Audit Commission (C&D December 22/29, p11) highlighted the improvement in health outcomes that can be achieved if hospital pharmacy support staff are used to provide technical support services while pharmacists take medication

management decisions at the clinical interface. To some extent the Audit Commission is responding to events already happening at grass-roots ward level, but very soon community pharmacy must follow and become a truly patient-focused profession. The RPSGB is right to suggest a common purpose for all pharmacy personnel and, in my opinion, should have done so many years ago.

Yes, there are questions around training, accreditation and funding, but it must be better for pharmacists, support staff and pharmacy that we are all involved in fighting the same battle rather than only the privileged few being allowed to enter the hallowed portals of Lambeth.

Praise at last.

... for the value of pharmacy has come from the Audit Commission in its report on medicines management in hospitals

Santa Claus delivered an early present in the form of the Audit Commission's report A Spoonful of Sugar – Medicines Management in NHS Hospitals (see C&D, Dec 22, *p11*) on December 18.

Despite the national news media concentrating on the 1,200 deaths in hospitals due to medication errors, the vast majority of the report is supportive of pharmacy services.

"Glad somebody has come to agree with us... very positive," says Helen Remington, president of the Guild of Healtheare Pharmacists and Royal Pharmaceutical Society Council member.

"The report will enable more hospital pharmacists to gain support from their boards," says Ms Remington. At Addenbrooke's hospital, where she works, a review of medicines management is due shortly and "the report will be useful for clarifying points with the chief executive," she says.

"The Department of Health has been convinced [of the value of medicines management] for some time," says Ms Remington, but "getting funds and finding staff" have been the problems so far.

"It is now the norm for pharmacists to work at ward level managing medicines rather than stand in the dispensary," she says of the major teaching hospitals.

Ms Remington adds that some primary care trusts still resist

change and need to be educated.

The registration of pharmacy technicians is welcomed by Ms Remington, as their role is seen as essential to hospital pharmacy by the report.

She also agrees that there was some element of "inherent eonscrvatism" as described in the Commission's report, but suggests that the description should possibly apply to hospital boards rather than hospital pharmacists.

"The report recognises that hospital pharmaeists play an important multifaceted role in delivering effective medicines management," says Marshall Davies, president of the Society.

"Pharmacists have a key part to play in redesigning services around patients' needs and the message is clear - hospital trusts need to improve the way they manage medicines," he

The report highlights medicines as a central component of healtheare but their use is not always optimised, leading to higher costs and poorer quality care for patients.

A large proportion of the £90 million worth of medicines that are taken each year into hospitals by patients are thrown away. Wastage from adverse reactions to medicines and medication errors currently eost the NHS £500m each year in longer stays in



Hospitals need to meet the challenges put to them by the medicines management agenda but to do so they must overcome: the current low status of some

hospital pharmacy services staff recruitment and retention

problems

the need to introduce computer technology.

The Commission is calling for automated dispensing, outsourcing of manufacturing and redesigning jobs to focus on elinical pharmaey as ways to tackle pharmacist motivation and retention. It also recommends that the RPSGB consider introducing formal registration of hospital technicians, as their role is now "so pivotal" to hospital pharmacy services.

The importance of the pharmaeist's role needs greater recognition outside the profession, especially at board level and sometimes within the profession, says the Audit Commission.

There is a tendency to regard pharmacy as merely another support service, rather than one that is absolutely vital to the quality of patient care, says the report.

The status of hospital chief pharmacists needs to be reviewed in many hospitals. Where the head of pharmacy held a position equivalent to that of a clinical director it resulted in the greatest progress in delivering the strategic challenges outlined in the report, says the Commission.

Attitudes also need to change within the profession, says the Commission. In some pharmaey services, there is "an inherent conservatism" and a need to "market" pharmacy positively to senior management, adds the report. If trusts are to optimise the use of medicines, pharmacy needs to be seen as a eore elinical function, says the report.

The RPSGB has a major role to play in equipping a new generation of pharmacists for enhanced elinical and managerial roles, according to the Audit Commission.

The Society should review its current support for hospital pharmacists' education and training, continuing professional development, professional competence and performance, and its workforce planning arrangements.

falt is now the norm for pharmacists to work at ward level managing medicines rather than stand in the dispensary!







"There is a tendency to regard pharmacy as merely another support service"

hospital, says the report.

The Commission sees pharmacists as key players in reducing the wastage. Pharmacists must have a central role in managing medicines, redesigning services around patients' needs and in ensuring the optimal use of medicines, says the Commission.

It has identified four strategic challenges facing hospitals in relation to medicines:

- linking medicincs management to clinical governance
- managing risk
- forming effective relationships with primary care and
- improving financial planning.

In addition the report has found many shortcomings in medicines arrangements in hospitals. These include:

- pharmacy services are falling short of the ideal - prescription monitoring is not enough. Medicines management needs to be developed to fit into an overall structure for clinical governance
- only a minority of hospital consultants report that reviews of the use of medicines fed into their clinical governance agendas
- reviews of board meetings' minutes show that many have not considered aspects of medicines management
- individual consultants' clinical freedom still takes precedence over corporate clinical responsibility, and prescribing practice is seldom reviewed systematically
- information systems have shortcomings - few consultants feel they receive adequate information about how their prescribing practice compares with colleagues.

The underlying theme of the report is the role of clinical pharmacy in reducing medication

Clinical pharmacy allows

pharmacists to become part of the clinical team and to anticipate medication errors, says the report.

Clinical pharmacy activities should be extended to pharmacist prescribing and to taking patients' medication histories.

"There is evidence that pharmacists are five times more accurate than doctors in writing discharge prescriptions. When it is properly planned and supported, investment in clinical pharmacy improves the quality of patient care and reduces costs," says the

The Commission also calls on trusts to undertake reviews of pharmacy staffing levels and consider whether there are resources to:

- provide all aspects of clinical pharmacy services
- mcet the demands on pharmacy services of the NHS Plan in respect of new consultants and nurse prescribers
- take medication histories and
- support dispensing for discharge schemes.

Traditional ways in which pharmacists work need to be reviewed and the patient must be placed at the centre of the medicines management arrangements of trusts, says the Commission.

It is calling for progress in four key areas:

- use of patients' own medicines in hospital – patients take medicines worth around £90m with them into hospitals each year and many of these medicines are destroyed or are not returned when the patient is discharged
- medication review by pharmacists on admission - this can identify whether an admission is due to prescribing errors or due to adverse reactions to medicines in the community

 self-administration of medicines by patients – improves patient compliance and prevents treatment failure. It allows the empowerment of patients as stated in the NHS

original pack dispensing - to cut costs and reduce errors. The current practice by hospitals of reducing the quantity of medicines they dispense serves only to increase overall prescribing costs, as hospitals are able to buy medicines at a substantial discount, says the report. Trusts also risk non-compliance with the law and prosecution because they fail to provide patients with an information leaflet.

Future scenario

The Audit Commission believes that the best hospitals arc only a few steps away from the following vision:

A patient discusses her medication with the healthcare team on their ward round. The pharmacist team-member explains proposed changes to the medication, which the patient will administer herself. The pharmacist also discusses learning points with other team members.

New medication is agreed between members of the clinical team and ordered at the bedside through a radio computer link to an automated dispensary, where robotic systems pick the new medicines and dispatch them to the patient's ward via a pneumatic tube.

Computer technology updates the electronic patient record, to which the patient's GP has access. The medication that has been issued is simultaneously recorded to update stock records and order fresh supplies.



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The Future of Pharmac

s the future in the pharmacy?

Dr Terry Maguire argues that pharmaceutical care should be based in community pharmacies despite pressures to locate it elsewhere

Recently I attended the annual meeting of the European Society of Clinical Pharmacy (ESCP). The conference, in the "diamond capital" Antwerp, concentrated on pharmaccutical care and its introduction into pharmacy practice.

The good news is that across Europe there is now a common acceptance that pharmaceutical carc will be hugely influential and a key part of the future of pharmacy. There were good examples of tangible developments in many European countries.

Linda Strand, one of the two academics credited with creating the concept of pharmaceutical care, held court at the conference. She had come to Antwerp to share views and experiences, and gave a passionate speech outlining what nceds to happen so that pharmaceutical care becomes the standard within the practice of pharmacy.

She insisted that three elements must exist in pharmacy practice if it is to qualify as pharmaceutical care. These arc:

- a formal assessment of a patient's medication needs
- a plan to resolve these needs follow-up to ensure needs are
- Asked if she felt that this "care"

service could be provided from a community pharmacy as an addition to the current medicines supply function, Mrs Strand

reluctantly conceded that it would probably be best provided as a separate service.

This was not what I wanted to hear. In practice it will be very difficult to re-engineer community pharmacy to achieve this kind of service. I am convinced that we need to take this path but the journey will be difficult. Vision 2020, the strategic plan of the Pharmaceutical Society of Northern Ireland, was published in 1997 and its objectives are totally aligned with this change.

Some believed, when we set out this strategy, that pharmacy would evolve slowly and naturally in this direction, and that in 20 years a pharmaceutical care service would be provided from all pharmacies.

Revolution

My analysis is different: I see a revolution to bring about more fundamental change and, as often in revolutions, the change might be bloody and violent.

The first tentative steps have been taken down this road and the Government is setting itself up as the main protagonist. Medicine management pilot projects in England are being established under the Pharmacy Plan and local pharmaceutical services, whatever they turn out to bc, will follow next

In Northern Ireland the medicines management service is not a project but a service level agreement – it is a part of the



service. But many are finding this way of practising very difficult to deliver in pharmacics that are designed to provide an efficient medicines supply service.

I see tensions bubbling up that could potentially split the profession into those who opt to provide only an efficient medicine supply service and those providing a medicines management service.

Indeed, Vision 2020 foresaw this possibility. We need strong leadership to sell to community pharmacists the need to adopt these new ways of working.

Prescribing advisers

Prescribing advisors have been developing their role for over a decade and have successfully supported GPs with rational drug utilisation. They have, in effect, become clinical pharmacists in primary care and their role has been further endorsed with the announcement of the medicines management projects.

From the outset in England there will be a twin approach with medicines management: those provided from the network of community pharmacies (set up by PSNC) and those provided mainly by prescribing advisers within GP surgeries, and perhaps at other locations set up by the National Prescribing Centre. Following the pilots there will be a need to decide which of these models will win through - or is there room and nced for them both?

This political question is at the heart of the future of primary care pharmacy. There is insufficient funding to go both ways and I hope we avoid a typical British compromise that turns out to be a fudge, with a service that goes neither way sufficiently.

For contractors, the current developments are dangerous. Negotiating bodies must assert themselves against the ambitions of prescribing advisers.

But this should be a constructive

SThe good news is that across Europe there is now a common acceptance that pharmaceutical care will be hugely influential?



pharmacy practice



and intelligent discussion. It would be too easy to create an "us and them" position and embark on an internal professional squabble. Prescribing advisers have become an effective and highly-professional group of pharmacists. They are also very politically aware and

know more about using the Health Service to their advantage than contractors.

They will and should remain, but their role should be strategic and supportive, with community pharmacists taking on the operational aspects of delivering pharmaceutical care through medicines management initiatives.

PSNC in England is being invited to negotiate a new contract that will reflect a medicines management/pharmaceutical carc component within the scrvice dclivered. With prescribing advisers perhaps competing, negotiations will be difficult and may result in PSNC opting out as "not worthwhile"

Global sum

I believe the additional cost of providing this service from the network of community pharmacies would require a minimum 33 per cent increase in the global sum. It would depend

on greater use of technical support in the pharmacy, rather than employing a second pharmacist

To motivate contractors to comply with the new service, the new contract will probably reflect a relative reduction in dispensing fees, while providing more funding overall to allow the service to function. This will be difficult to sell to contractors, which is why we are so in need of strong lcadership.

The Celtic fringe

But there is already support for contractors from unlikely sources. In Scotland, chief pharmaceutical officer Bill Scott has been frank He wants to stop the development of prescribing advisers' services where they are stymicing the development of community pharmacy, which he sees as the heart of the profession.

In Northern Ireland, a recent report on workforce planning by the Department of Health stated that there was a duplication of effort where prescribing advisers were providing a role that could be done by pharmacists working within the community pharmacy network

In at least two of the home nations, therefore, the view on prescribing advisers and their future role in the provision of community-based pharmaceutical services differs significantly from that expressed in England. Perhaps devolution will result in differing pharmacy practices, or different ways of providing a pharmaceutical service backed up by different

The signs are that it will and the environment in the Celtic fringe will perhaps be more favourable to contractors. In these two areas of the UK, at least, we may be able to prove Linda Strand wrong.

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Pharmacyupdate

At this time of year, many of your customers may be taking garlie in the belief it prevents colds. But Professor Edzard Ernst says garlic's best researched use is in lowering cholesterol

Garlic has been used for medicinal purposes for millennia. In different parts of the world it is believed to be helpful for various conditions1 (see the table below).

Some of these indications make us smile, and for some conditions garlic treatment sounds bizarre or even painful. If nothing else, the table shows one thing quite clearly: the fact that a herbal (or for that matter any other) treatment has been used historically tells us little about the efficacy (or even safety) of such therapies. This is contrary to what traditional herbalists want us to believe. In scientific terms traditional use might lend itself to formulating a hypothesis; it is never adequate, however, for testing it.

The main pharmacologically active ingredient of garlic is allicin. Allicin is also responsible for the typical smell of garlic. In fact, allicin is not contained in fresh garlic but is produced almost instantly through enzymatic conversion of alliin, which is almost odourless.

In various test models, garlic extracts have shown a remarkable array of pharmacological actions: antibacterial, antiviral, antifungal, antihypertensive, antidiabetic, antithrombotic, antimutagenic, antiplatelet effects have all been documented.

By far the best-researched



Valued for its culinary use, garlic also has a wide number of useful pharmacological actions

Arabia dried bulb used as a contraceptive

Brazil extract employed for hypertension (same in Peru and Philipines)

Egypt roasted bulb inserted intravaginally as a conctraceptive

Europe bulb eaten to induce menses (same in Malaysia)

Fiji juice applied to the eye to improve vision Guatemala hot water extract applied to treat wounds

India bulb taken to stimulate menstruation (same in Kuwait and Vietnam)

Nepal bulb ingested for tuberculosis Thailand fresh bulb inhaled for colds

Tunisia bulb taken orally as an antiphlogistic West Indies juice given to children for worms

activity on a clinical level is garlic's potential to lower cholesterol.

A systematic review of all rigorous trials testing the lipid-lowering effects of garlic has recently been published.2 It included 13 doubleblind, placebo-controlled randomised trials with a total of 781 patients.

The methodological quality of these studies was good on average. When the trial data were pooled

Continued on page 22

← Continued from page 21

together, an average reduction of 0.41 mmol/L (95 per cent CI = -0.66 to -0.15) was calculated. This means that all the reliable evidence available to date shows that garlic extracts lower cholesterol levels in a statistically significant fashion.

Whether the reduction is also clinically relevant is a different question. A sub-analysis suggested that the effect was further diminished if only the results of the top quality studies were pooled; thus there is some debate about clinical relevance.

What seems certain, however, is that conventional lipid-lowering drugs have more pronounced effects on plasma lipid levels than garlic.

Hwee tension

Other indications tested in rigorous clinical trials include hypertension and diabetes mellitus. The results of these studies imply that there is probably a small effect — too small, however, to be clinically relevant.³

This raises the question whether regular garlic consumption has any antiarteriosclerotic properties. It is possible that, even though the effects on lipids, blood pressure, etc are each small, they work in concert to help prevent arteriosclerotic manifestations.

There are some suggestions that this may be the case but the evidence is weak and requires further testing in adequately designed studies.

Epidemiological investigations strongly suggest that the regular consumption of garlie in food has some protective effect on cancer.⁴ In particular, gastrointestinal cancers are less frequent in garlic eaters. However, the nature of this evidence should make us cautious: there is no clinical proof that garlic does prevent cancer.

Recently, a clinical trial was published that suggested an effect which, of course, has long been suspected on the basis of historical use (*see above*): regular, high-dose garlic consumption may help to prevent the common cold.⁵

The results also implied that patients taking garlic suffer from less severe symptoms than those of the placebo control group. Unfortunately, this study has several methodological weaknesses; it clearly requires independent replication before recommendations are possible.

As with most herbal medicines

that have been used extensively in food, garlic is probably quite safe. Of course, there is body odour and bad breath but otherwise few adverse effects are on record.

In high doses garlic may cause gastrointestinal problems, and some individuals develop allergic reactions to garlic. Because of its anti-platelet effects (see above), garlic mildly inhibits blood clotting. This may become clinically relevant, particularly if garlic is taken together with conventional anticoagulants.

D-sage

Little evidence exists to suggest that one garlic preparation, such as oil or powder, is better than another. The dose used in clinical trials varies. A daily dose of 600 – 900mg of a standardised extract (1.3 per cent alliin content) seems a safe bet.

Perhaps the greatest challenge is to research the anti-cancer effects of garlic. These are well-documented in various test models and through epidemiological studies (see above). But what is badly needed is a demonstration that these effects translate into clinical effectiveness.

Further reading

Ernst E, Pittler MH, Stevinson C, White AR, Eisenberg D. The Desktop Guide to Complementary and Alternative Medicine. Edinburgh; Mosby, 2001.

Ernst E. How Garlic Protects Your Heart. Surrey: Amberwood, 1996.

Professor Ernst, MD, PhD, FRCP (Edin), is at the Department of Complementary Medicine, University of Exeter

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- blood pressure. J Hypertension 1994;12:463-8. 4. Ernst E. Can allium vegetables
- 4. Ernst E. Can allum vegetables prevent cancer? Phytomed 1997;4:79–83.
- 5. Josling P. Preventing the common cold with a garlic supplement: a double-blind, placebo-controlled survey. Advances in Therapy 2001;18:189-93.

Patients unaware of asthma severity

Some 91 per cent of UK asthma patients mistakenly believe their asthma is under control, despite demonstrating high levels of uncontrolled symptoms.

According to the survey Living & Breathing Asthma: Putting Patients First, which was presented at the British Thoracic Society's winter meeting, 517 people with mild to moderate

asthma were interviewed.

Of these, two-thirds experience symptoms two to three times a week and 41 per cent have symptoms every day.

When it was explained to patients that treatment goals aim for minimal or no symptoms with only occasional asthma episodes, the number of patients satisfied with their asthma care fell from 58 to 33 per cent.

For many patients this was the first time they had been told what they might expect from their treatment.

Dr Haughney, a GP and coleader of the research, called for a written personalised asthma action plan for patients to ensure that healthcare professionals work in partnership with patients, and to allow patients to self-manage their treatment within action plan guidelines.

The survey was sponsored by AstraZeneca.

For more information:

The Living and Breathing Secretariat Tel: 0207 815 3900.



Reductil (sibutramine), a treatment for obesity, is "difficult and impractical to use" according to the latest *Drug and Therapeutics Bulletin*.

"We find it difficult to recommend the drug's use," says the review, despite the National Institutc for Clinical Excellence's conclusion that sibutramine should be prescribed as part of an overall treatment plan for nutritional obesity

Sibutramine's side-effects, drug interactions, contraindications and the fact that weight loss is quickly regained after treatment is stopped form the basis of the DTB's conclusions.

The assumptions and methods in some sibutramine trials are also

questioned by the DTB. It calls some of the trial evidence "relatively weak".

The DTB is warning healthcarc professionals that "the unit of alcohol rule", where one

unit equates to half a pint of beer, a glass of wine or a standard measure of spirits, is misleading and unreliable (see Pharmacy Update Dec 22/29 p20).

The rule does not

beers, "alcopops" and the larger measures of stronger wine currently served in pubs, says the DTB.

apply to stronger

m pubs, says the DTB.

The Government must introduce mandatory bold "unit of alcohol" labelling on packaging for

consumers, urges the DTB.

To calculate the unit content of a drink, the DTB suggests the formula: volume (litres) x alcohol by volume.

For more information:

Drug and Therapeutics Bulletin Vol.39: No 12; Dec 2001



INFORMATION ESSENTIAL Active Ingredients: Each sachet contains 3.5g ispaghula husk BP. It also contains aspartame Indications: Conditions requiring high-fibre regimen, relief of constipation, including constipation in pregnancy and the maintenance of regularity; for the management of bowel function in patients with colostomy, ileostomy, haemorrhoids, anal fissure, chronic associated diverticular disease, irritable bowel syndrome and ulcerative colitis **Dosage Instructions:** To be taken in water. Adults and children over 12 one sachet morning and evening. Children 6 to 12 – half to one level 5ml spoonful of the granules lepending on age and size, morning nd evening. Children under 6 – to e taken only on a doctor's advice Contra-indications: Fybogel is ontra-indicated in cases of ntestinal obstruction, faecal mpaction and colonic atony such s senile mega-colon. Precautions nd Warnings: Fybogel contains spartame and should not be given o patients with phenylketonuria vbogel should not be taken in the ry form. Side Effects: A small mount of bloating and flatulence nay sometimes be experienced uring the first few days of reatment, but should diminish on ontinued use. Recommended Sale rice: Ten sachets £1.86 exc. VAT larketing Authorisation: Fybogel)063/0023), Fybogel Orange 0063/0026), Fybogel Lemon 063/0024) Supply Classification: hrough registered pharmacies nly. Holder of Marketing uthorisation: Reckitt Benckiser ealthcare (UK) Limited, Dansom me, Hull, HU8 7DS. Date of reparation: November 2001 ode No. F64/01. Fybogel, Fybogel range, Fybogel Lemon, the Fybogel go, and the sword and circle mbol are trademarks

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ispaghula husk BP

Completing the picture in constipation...naturally

Fybogel is on TV in January, February & March, so stock up now. Call Freephone 0500 208 209

buprofen blocks aspirin

The concomitant administration of ibuprofen antagonises the irreversible platelet inhibition induced by aspirin, according to a study in *The New England Journal of Medicine*.

Consequently, patients with increased cardiovascular risk may be limiting the cardioprotective effects of aspirin when taking it with ibuprofen, claims the study.

The concomitant administration of rofecoxib, acetaminophen (paracetamol) or diclofenac did not affect the pharmacodynamics of

aspirin. In two randomised studics, subjects were given firstly aspirin (81mg in the morning) two hours before a single dose of ibuprofen (400mg) for six days and then after a washout period the same medications were given in the reverse order.

The trial also examined the effects of aspirin with single doses of acetaminophen 1,000mg and rofecoxib 25mg. Further studies included enteric-coated aspirin with ibuprofen 400mg three times daily and diclofenac

sustained-release 75mg twice daily.

The mean degree of inhibition of platelet aggregation was 98 per cent in patients who had taken aspirin before ibuprofen and 2 per cent in the reverse group, 24 hours after the end of the six-day study.

Platelet aggregation was also blocked when multiple daily doses of ibuprofen were given, despite the aspirin being given before the ibuprofen.

Indomethacin is also likely to inhibit aspirin's effect on platelets, the authors of the study suggest.

Widespread effects of pain

Nearly one quarter of people in a survey (23 per cent) have experienced chronic pain, defined as a painful condition lasting more than three months.

One-tenth have a partner who has experienced chronic pain and 15 per cent have had a close family member in this situation.

But over one-third (37 per cent) of the 64 per cent who had medicines prescribed reported side effects from their medication.

The most frequent causes of pain were arthritis and back pain, and many people had taken NSAIDs. Only 34 per cent were referred to specialist pain services, although these helped reduce pain in almost half, and one-third reported an improvement.

The survey, carried out by MORI for Action on Pain, found that half the people with chronic pain had taken time off work; 64 per cent took a month or more off and 29 per cent took over six months off.

Action on Pain calls on the Government to improve pain services and to establish a National Framework for Chronic Pain, funded by the Department of Health and the Department for Work and Pensions.

Women trump men in the willpower stakes



Women are more likely than men to make the decision to give up smoking.

Of the 132,500 people who set a quit date, 58 per cent are women, according to Government figures for smoking cessation services for the year ending March 2001.

At the four-weck follow up nearly half of those setting a quit date said they had given up smoking, says the survey. Also, free nicotine replacement therapy was issued to only 36 per cent of people who set a quit date.

Some £53 million has been made available for smoking cessation services for the three years up to and including 2001-2 in England and a further £20m will be allocated in 2002-3, said Hazel Blears, health minister, in Parliament recently.

This figure does not include the cost of NRT and Zyban (bupropion) on prescription.

For more information:

www.doh.gov.uk

Global unity needed against resistance

Governments and healthcare professionals around the world have been urged to combat the problems of rapidly increasing antibiotic resistance with the release of the first global white paper, entitled *Bacterial Resistance in Respiratory Tract Infections – A Call for Concerted International Action*.

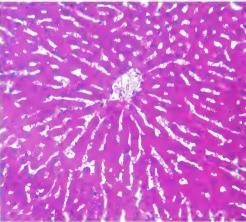
Key actions called for

 uniform global antimicrobial resistance surveillance

a control on antibiotic use
 patient-friendly antibiotic regimens

 education on the significance of resistance.

"Resistant bacteria do not recognise national boundaries," said Professor Remington, coeditor of the paper. "The global



white paper now offers a model for a focused, sustained, multifaceted approach to resistance control around the world, while highlighting key components of successful actions, including the need for new therapies."

The paper was presented recently at a satellite symposium preceding the 41st Interscience

Conference on
Antimicrobial Agents and
Chemotherapy in the
United States (ICAAC).

Bacterial resistance to
macrolide antibiotics has
now surpassed penicillin

macrolide antibiotics has now surpassed penicillin bacterial resistance rates across the United States, according to a study presented at the ICAAC.

Streptococcus pneumoniae – the bacteria most commonly associated with respiratory tract infections – is 31 per cent resistant overall to erythromycin compared 26 per cent resistance to

with 26 per cent resistance to penicillin.

The prevalence of resistance varies considerably across the country with Strep pneumoniae resistance to erythromycin as high as 41 per cent in the South East.

For more information:

BSE risk unlikely with polio vaccine

Current or past batches of oral polio vaccine (OPV) do not carry a risk of variant Creutzfeldt Jakob disease, says the DoH.

The statement follows an investigation into two cases of vCJD in Southampton, who were given OPV in 1994 that had used UK-sourced bovine material in its manufacture, despite guidance to the contrary from the Committee on Safety of Medicines.

The Spongiform
Encephalopathy Advisory
Committee, which investigated the cases of vCJD, says the subjects received two drops of the vaccine and the amount of residual bovine material in the final product is less than one part in 10 million. Any theoretical risk of vCJD must be balanced against the benefits of immunisation, says SEAC.

For more information: www.doh.gov.uk

Pharmacyupodate)

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Send this completed form to: Mary Prebble, Pharmacy Projects, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

arketwatch



The Centrum message takes to the airwaves

A new series of radio commercials for the Centrum multimineralmultivitamin range will be on the airwaves from January 21 until February 10.

The advertising is designed to communicate the brand's new "feel good" positioning.

It will be broadcast in the London, Midlands, Granada and Meridian areas. Further advertising in the national press will appear from January to mid-March.

The campaign is part of a £2.5 million spend which kicked off with TV advertising over Christmas and the New Year.

For more information:

Whitehall Laboratories Ltd Tel: 01628 669011.

Nivea smoothes the way

Beiersdorf has developed a new complex for its three Nivea Visage Q10 anti-wrinkle skincare products.

The company claims that its new Q10 Plus complex reduces the depth of wrinkles in four weeks and leaves the skin smoother, firmer and more supple after seven days

The complex contains a higher level of encapsulated Co-Enzyme Q10 than before and Co-Enzyme R has been added. Co-Enzyme R is a molecule found naturally in the skin that enhances the production of

Nivea Visage Q10 Plus is now included in Anti Wrinkle Repair Crème, Anti Wrinkle Eye Zone Crème and Anti-Wrinkle Night Crème.

For more information:

Beiersdorf UK Ltd Tel: 0121 329 8800.

A new Dimension to Lynx toiletries



Lever Fabergé is launching a fragrance variant for its Lynx men's toiletry range.

Lynx Dimension is available as a deodorant bodyspray, antiperspirant deodorant roll-on, deodorant stick, revitalising shower gel and aftershave.

The variant is a fresh, oriental fragrance combining top notes of nutmeg and cardamon with lavender and sandalwood.

The launch will be supported by a "Find another dimension" campaign

evoking images of a parallel world.

Targeted at the youth market, the marketing programme will include interactive press advertising, PR stunts and a poster campaign as part of an overall £9 million investment in the brand.

Voodoo aftershave and Phoenix Roll on and Deo Stick are being delisted from the Lynx range. Price: from £1.99 for 50ml deodorant body spray to £7.45 for 100ml aftershave.

Lever Faberaé Tel: 020 8439 6100.

Cough, cold

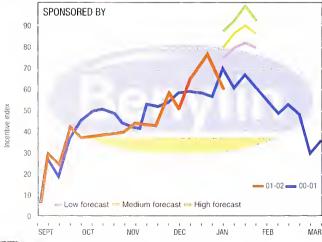


Continue on Alert

KEY FACTS

- Leeds is the final city to go on Alert Status
- The UK has been on Alert Status for 3 weeks
- Coughing symptons have reached their highest level this season (81% on incidence index)

Information updated weekly by SDI



Simply regenerate...

Accantia Health & Beauty is extending its Simple sensitive skincare range with the launch of two Regeneration Moisturisers.

Regeneration Day Defence Moisture Lotion is formulated to help protect sensitive skin from the ageing effects of daily sunlight and environmental damage.

The lotion contains oat-betalucan to help stimulate the skin's own immune system, vitamin E and pro-vitamin B5 with mushroom extract to reduce pore size and improve skin tone, SPF15 and the natural oxidant green tea.

Regeneration Night Strengthening Moisture Cream is an intensive moisture cream formulated to help the skin repair itself during the night.

Price: £7.79

Pack size: 50ml Distributor: Chemist Brokers Tel: 023 9222 2500.

Timotei is up in lights

Lever Fabergé is adding a camomile variant to its Timotei haircare range

Timotei Golden Highlights Camomile shampoo and conditioner contain natural extract of camomile - known for its lightening properties.

The company says its tests show that 86 per cent of women perceived golden highlights after 8-12 washes.

The launch will be supported by a £4 million "Lighten up" marketing campaign in 2002.

Price: shampoo £1.69, £2.69; conditioner £2.19

Pack size: shampoo 250ml, 400ml; conditioner 300ml

Pip code: shampoo 283-2319 (250ml), 283-2301 (400ml); conditioner 283-2293

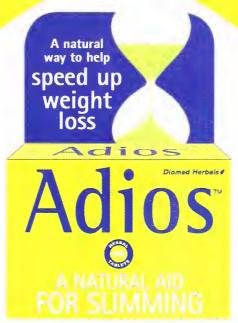
Lever Fabergé Tel: 020 8439 6100



26 5 January 2002 Chemist&Druggist

NATIONAL ADVERTISING CAMPAIGN

MAKETHEIR WEIGHT LOSS VIR GA



fucus, boldo, butternut and dandelion root

Adios herbal tablets contain natural ingredients which act on the body's metabolism, to help speed up weight loss.





Frontshop

Impulse blasts off with Moongrass

Lever Fabergé is introducing a new fragrance in its Impulse body spray range with the launch of Moongrass.

The company describes the variant as a cool, revitalising fragrance that will "help you feel energised, uplifted and ready for anything".

Containing a blend of white amber and rose, the scent is targeted at 11-24 year old females. Lever Fabergé believes that it will draw new users into the body spray market. The launch will be supported by a TV, press and poster advertising campaign in February and March, plus in-store sampling.

The campaign will form part of a £9.5 million marketing package for the Impulse brand during 2002.

Price: £2.29

Pack size: 75ml Pip code: 282-2236 Lever Fabergé Tel: 020 8439 6100.



Rosy future for Woods of Windsor

Woods of Windsor will launch a rose fragrance collection in March.

True Rose is a sophisticated light yet warm fragrance. The range comprises 18 products including Parfum de Toilette, Body Spray, Body Moisturiser and Conditioning Hand & Nail Cream.

The packaging depicts a single pink rose against a deep burgundy background.

 Woods of Windsor's Forget Me Not range will be updated with a modern new look from March.

The packaging will feature numerous individual blossoms against a pastel blue background.

The range will also be extended to include nine new products for the body and home.

Price: from £1.95 for Perfumed Drawer Sachet to £12.95 for Parfum de Toilette 100ml atomiser.

Woods of Windsor Ltd Tel: 0118 931 3820.

(Inplei)

Heartburn tips

Johnson & Johnson has produced a consumer information leaflet for its Pepcidtwo heartburn and indigestion treatment. The leaflet includes tips on avoiding excess acid problems. Free copies are available to pharmacists.

For more information:

Johnson & Johnson.MSD Consumer Pharmaceuticals Tel: 01494 453695.

TVnextweek

Anadin Extra: All areas

Bassett's Soft & Chewy Vitamins: GMTV, C5, Sat

Benylin Active Response: GTV, STV, A, HTV, W, C4, Sat

Benylin cough range: All areas except U, CTV, TSW

Blistex: GMTV

Breathe Right mentholated nasal strips: All areas except GTRV,

CTV, LWT, C4 TSW
Covonia: GMTV, C5

Flu Plus: All areas except U, CTV, TSW

Full Marks Mousse: All areas + Sat

Fybogel: GMTV, Sat

Gaviscon Tablets: All areas

Kalms: GMTV, Sat

Lucozade: All areas except U, CTV, TSW

Meltus: All areas + Sat

Neutrataste: G, Y, A, M, L, WT, TT, C4

Nicorette: All areas

NiQuitin Lozenge: All areas except U, CTV, TSW

NiQuitin Patch: All areas except U, CTV, TSW

Olbas: C5, GMTV, Sat

Pepcidtwo: All areas except GTV, B, CTV, TSW

Remegel: All areas + Sat

Senekot: All areas

Sensodyne Total Care Toothpaste: All areas

Sensodyne Gentle Whitening Toothpaste: All areas

Seven Seas Cod Liver Oil: G, Y, A, M, L, WT, TT, C4

Sudafed: All areas except U, CTV, GMTV, TSW

Throaties Pastilles: GMTV

Venos: GMTV

Zovirax: C4, C5, Sat

PharmaSite for next week: NiQuitin - Window, NiQuitin - In-store,

Covonia - Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Nicorette Gum Abbreviated Prescribing Information.

Presentation

Nicorette 4mg gum and Nicorette 2mg gum contain 4mg and 2mg of nicotine respectively in a chewing gum base.

Original, Citrus or Mint flavour.

Indications:

Intended to help smokers who want to give up smoking but who experience difficulty in doing so owing to their dependence on nicotine.

Dosage & Administration:

Each piece should be chewed slowly for 30 minutes.

After 3 months ad libitum dosage, Nicorette gum should be gradually withdrawn.

Maximum recommended daily dose: Nicorette 4mg gum: 15 x 4mg pieces. Nicorette 2mg gum: 15 x 2mg pieces.

Not to be used by people under age 18 unless recommended by a doctor.

Precautions:

Peptic ulcer, angina pectoris, recent myocardial infarction, serious cardiac arrhythmias, systemic hypertension, qastritis.

Contra-indications:

Pregnancy & Lactation: If the patient cannot give up smoking without NRT then a risk benefit assessment should be made.

Special Warnings:

Rarely dependence.

Adverse Effects:

Gums: Occasional hiccups, indigestion, hyper-salivation, throat irritation, allergy, mouth ulcers.

Pharmaceutical Precautions:

Store below 25°C. Legal Category:

Minaratta 2mm

Nicorette 2mg gum & Nicorette 4mg gum, GSL

Package Quantities & Cost

(all trade prices correct at time of printing): *Gum*: boxes of 15 pieces, 30 pieces and 105 pieces, in blister strips of 15 pieces. Nicorette 4mg gum (PL00032/0249) (£2.11) (15), (£3.99) (30), (£10.83) (105) Nicorette 2mg gum (PL00032/0248) (£1.71) (15), (£3.25) (30), (£8.89) (105).

PL Holders:

Pharmacia Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel. 01908 661101.

Date of Preparation:

November 2001.

References.

1. Silagy C *et al.* Nicotine replacement therapy for smoking cessation (Cochrane Review). In: The Cochrane Library, 2001, Issue 2, 1999. **2.** Data on file. **3.** IMS Pharmatrend.

nicorette

Twice as likely to succeed

There's no better chance of success than Nicorette.

Nicorette has been proven to offer smokers chance of success over willpower alone.

twice the

More importantly, there is no more effective

form of NRT than Nicorette Gum.1

And our claim is based on a meta-analysis of numerous gum trials.¹

But, the real proof lies in the fact that over

52m people worldwide have trusted Nicorette

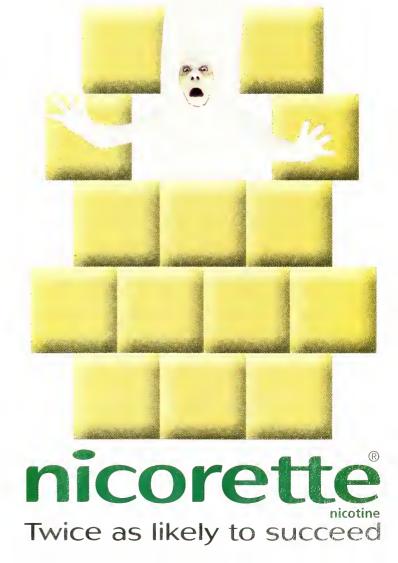
Gum to help them beat cigarettes one at a time.²

You should know, from September 2000

to September 2001 you've sold twice as much

Nicorette Gum as any other NRT.3

With its unsurpassed efficacy, tried and tested formulations and the widest choice of flavours, no wonder Nicorette Gum is still the UK's biggest single selling NRT format in OTC. Make sure it's yours.





Clean sweep

Dove Bar will be advertised on TV for the next two months in the first part of a £35 million campaign for the total Dove brand during 2002.

For more information:

Lever Fabergé Tel: 020 8439 6100

Fit for 2002

Coty has signed up celebrity personal trainer Matt Roberts for an endorsement deal to support its new adidas Performance range of deodorants and shower gels. The adidas Performance and Matt Roberts Guide to Top Performance will be promoted in a press PR campaign from this month.

For more information:

Coty UK Ltd Tel: 020 8971 1300.

Schär change

On January 1, Nutrition Point took over the responsibility for Schär gluten-free, wheat-free products in the UK and Ireland. For more information:

Nutrition Point

Tel: 07041 544044.

Skin deep

Lever Fabergé is supporting Vaseline Intensive Care Dermacare moisturising lotion with national TV and press advertising from this month. The aim of the campaign is to create a clear position for Dermacare within the Vaseline Intensive Care range and encourage trial of the product. For more information:

Lever Fabergé Tel: 020 8439 6100.

Expulin update

Shire Pharmaceuticals is discontinuing the 100ml size of **Expulin Chesty Cough product** due to low demand. All other sizes can still be ordered as usual. For more information:

Shire Pharmaceutical Development Ltd Tel: 01256 894000.

Senokot dreams

Senokot will be on TV this month backed by a £600,000 advertising campaign. Two versions of the brand's "dreams" commercial are running on ITV. Channel 4 and Satellite in January and February. The commercials feature the strapline "Natural relief for a brighter tomorrow".

For more information:

Reckitt Benckiser Healthcare UK Tel: 01482 326151.

Frontshop

Cetraben pumps up the action for eczema sufferers

Sankvo Pharma is launching a licensed emollient cream for the relief of eczema in primary and secondary care.

Cetraben Emollient Cream is an oil in water emollient preparation and soap substitute formulated to optimise patient compliance.

It does not contain detergents and is non-perfumed to avoid irritation. The non-greasy formulation is hydrating, protecting and cooling to reduce itching. Easily absorbed, it can be used on weepy skin. It should be applied liberally and frequently to ensure maximum effect, and can be used in combination with steroid preparations. It is suitable for all age groups.

The product comes in a pump dispenser which avoids contamination and contains the recommended weekly quantity of emollient cream for an adult full body application.

The launch will be supported by a press advertising campaign and a sampling campaign aimed at eczema sufferers. Direct mail and an eczema educational booklet are also planned among GPs and nurses. The product will be available to pharmacies from February.

Price: £8.79 Pack size: 500g Sankyo Pharma UK Ltd

Tel: 01494 766866



Breathe easy with holistic aromatherapy blend

The Tisserand Aromatherapy Clear Breathe range is being extended with two new products formulated to help alleviate sinus congestion, bronchitis, colds and

Clear Breathe Inhaler and Clear Breathe Vapour Rub both contain an invigorating blend of black spruce, red myrtle, eucalyptus and peppermint pure essential oils.

The inhaler is designed to be small enough to carry around in a pocket and can be used for immediate relief to ease nasal stuffiness.

The vapour rub is a gel to rub over the chest, throat or back to soothe and clear the airways. It is suitable for overnight



Price: Inhaler £3.50; Vapour Rub £4.50

Pip code: Inhaler 2850907, Vapour rub: 2850915

Aromatherapy Products Ltd Tel: 01273 325666.

Adams backs its sugar-free sweets

Halls Mentho-Lyptus Sugar-Free Cherry and Original medicated sweets are being promoted with a £100,000 magazine campaign this month. This is the first time that Adams has specifically supported the brand's sugar-free varieties.

The advertisement builds upon the previous "Take a Deep Breath" campaign and is targeted at health and figure conscious consumers, especially females aged 18-35.

The campaign is part of a \$2 million spend on the Halls Mentho-Lyptus brand this winter, including magazine advertising for the Extra Strong variety.

For more information:

Adams

Tel: 02380 620500.

DoH campaign targets New Year quitters

The Government has launched a hard-hitting advertising campaign designed to encourage smokers to give up the habit in the New Year.

The Department of Health's "Don't give up giving up smoking" campaign urges potential quitters to ring the NHS Smoking Helpline for practical advice and support.

The advertisement features a man who had been a heavy

smoker since the age of 15 until he had a major smoking-related stroke.

He powerfully relays how his health and life changed dramatically as a result of his stroke in an effort to help persuade others to give up smoking.

Last year, the NHS smoking Helpline took an unprecedented 10,000 calls in the first week of

the New Year. This is around three times the average call volume.

Callers can obtain a range of appropriate information leaflets, ask about smoking cessation services in their local area, or seek help and advice from specialist advisers.

For more information:

NHS Smoking Helpline Tel: 0800 169 0 169.





Platinum Design Awards



The professional world of the community pharmacist is changing faster than ever. So community pharmacies must be designed and fitted to the highest standards to reflect their role as centres of healthcare expertise. Whether it is a new consultation area, a redesigned dispensary, or a complete shop refit, your pharmacy should show that you are prepared to meet the challenges of modern day practice. And if you think your refit could be up to Platinum standard, you will be in with a chance to win the holiday of your lifetime as well as a share of £5,000 prize money. Excellence should apply to every

pharmacy so the Awards are open to all, both independents and multiples. The entrant with the best new consultation area will win a luxury holiday for two. And there is a prize fund of £5,000 to be shared among the five finalists in the other two categories, which recognise either major refits or smaller

A Platinum Award will be your mark of excellence and something that you can be proud of. So if you have just had, or are about to have, a refit and think it deserves Platinum status, go ahead and enter.

projects.

Your pharmacy could be one of the first to go Platinum with the new Platinum Pharmacy Design Awards. If you have designed, refitted or redeveloped part of a pharmacy between January 2000 and December 2001, you are eligible to enter the Awards, which are co-sponsored by Chemist & Druggist and Ceuta Healthcare. There is a luxury holiday for two and a prize fund of £5,000 to be won by pharmacies that reach the Platinum standard.

The categories

There are three categories in the Design Awards:

1. Newly opened pharmacy or a major refit involving all or a major part of the shop floor. The judges will be looking for shopfittings and a layout that is functional and sympathetic to the building and the nature of the pharmacy business. Emphasis will be placed on how successfully the refit creates a professional healthcare retailing environment within the constraints of the project budget.

2. Special feature or partial refit. This category recognises innovations in pharmacy design that are not a comprehensive refit. Examples include special dispensary features, new shop fronts and fascias, window designs, novel retail fixtures and so on.

3. Best consultation area. Anyone who has had either a new, or an improved consultation area fitted can enter this category. The winner will be jetting off on a luxury holiday.

The prizes

Prizes in each category will be: Category 1: £2,000 for the winning pharmacy, with £1,000 for the runner-up, and winner's plaques for both. Category 2: £1,000 for the winning pharmacy with £500 for the two runners-up, and winner's plaques for all three. Category 3: A luxury holiday for

How to enter

two for the winning entry.

Entrants must describe in no more than 700 words the principle objectives of the work undertaken, how they were achieved, and the impact on the business.

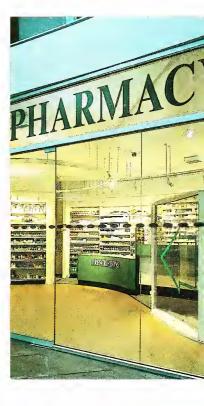
The following information could all usefully be included in your submission:

- the timetable and programme of work in carrying through the project
- the budget and how the refit was costed
- evidence of what the shopfit / special feature has delivered to the pharmacy in terms of customer satisfaction, enhanced professionalism and increased turnover
- before and after photographs and architects' drawings to illustrate the shopfit or special feature

Eligibility

Entrants can include:

- pharmacy proprietors
- pharmacy managers



The rules

1RW.

Work must have taken place between January 1, 2000, and December 31, 2001. Entries must be printed or typewritten on A4 paper. Entry forms are available from Ian Powis at Chemist & Druggist (tel: 01732 377487), Ceuta Healthcare (tel: 01202 780558) and Ceuta sales representatives Entries should be sent to 'Platinum Pharmacy Design Awards, Chemist & Druggist, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9

The closing date for entries is February 1, 2002. The winners will be invited to an Awards luncheon, and the results announced in Chemist & Druggist before April 30, 2002. Chemist & Druggist retains the right to publish details of any of the entries submitted.

- head office (for multiples)shop designers or planners
- (pharmacy managers should obtain the consent of their head office or the owner before submitting an entry. Shop fitters/designers should seek the consent of the party who commissioned the work.)



Conferences & exhibitions

Local Pharmaeeutical Committee Conference followed by the Pharmaceutical Services Negotiating Committee annual dinner on March 4 at the Queen Elizabeth II Centre, London. Details from PSNC on 01296 432823.

HC 2002 healthcare computing conference and exhibition March 18-20 in Harrogate. Details on 01932 821773

Association of the British Pharmaceutical Industry annual general meeting and dinner, April 11 at Grosvenor House, Park Lane, London. Further information on 020 7930 3477.

British Society for the History of Pharmacy annual conference, April 12-14, St Mellon's Hotel, Cardiff. Further details from Peter Homan on 01372 723001.

Guild of Healthcare Pharmacists weekend school, April 12-14 in Manchester. For further information www.ghp.org.uk

The Vantage Convention will be held from April 12-17 in Cape Town, South Africa. Further information from Expertease on 020 7936 8450.

e-World Healthcarc & Pharmaccuticals, May 2 at the Meridien Russell Square Hotel, London. For further information contact Revolution Events on 01732 367007 or www.info@revolution-events.com

National Association of Women Pharmacists annual general meeting and weekend conference, *Care of the Elderly*, on April 12-14 in Bristol. Details from Mrs Ecclestone on 01453 759516.

Institute of Pharmacy
Management International
spring conference April 27-28,
at the White Hart Hotel,
Salisbury. For further
information contact Nicholas
Wood on 01277 823889.

British Pharmaceutical Students' Association annual



Chemex 2002

September 8-9 at ExCel

conference, April 7-14 at Portsmouth. Details from Emma Hughes on 07887 586318 or Gillian Campbell 07974 412527.

Pharmaccutical Society of Northern Ireland presidential dinner, April 28 at the Hilton Hotel, Templepatrick, Co Antrim. Details from Sheila Maltby on 02890 326927.

European Society of Clinical Pharmacy spring conference, May 8-11 in Slovenia. Details on +31 71 5722430. mmm.escp.nl

Cosmetics, Toiletry & Perfumery Association annual general meeting and dinner, May 9 at the Hotel Intercontinental, London. Details on 020 7491 8891.

Primary Care 2002, May 10-11 at the NEC, Birmingham. Further information on 0151 709 8979.

Royal Pharmaceutical Society annual general meeting, May 15 and branch representatives' meeting, May 16, at the Royal Pharmaceutical Society, Lambeth. Further details from Amanda King on 020 7572 2333.

United Kingdom Clinical Pharmacy Association Spring Symposium, May 17-19, including the annual general meeting on the 18th, at the Hilton Manchester Airport Hotel. Further information from Mrs Kennedy on 0116 277 6999.

Nueare Convention, May 17-19, at the Marriott Forest of Arden Hotel. Further information from John Barklamb on 020 8731 2468.

European Proprietary Medicines Manufacturers' Association (AESGP) annual meeting, June 5-7 in Dublin. Further information on ±32 (0) 2735 5130 or www.aesgp.be

British Association of Pharmaccutical Wholesalers annual general meeting, June 12-14 in Belfast. Further information on 01252 711412 or mmm.bapm.co.uk

RPSGB Scottish Executive annual meeting, June 20 at 36 York Place, Edinburgh. Details from Dr Sheila Stevens on 0131 556 4386.

Proprietary Association of

Great Britain annual general meeting and dinner, June 20, at the Hilton Hotel, Park Lane, London, Details on 020 7242 8331.

RPSGB Welsh Executive annual meeting and lecture, July 10 at Techniquest in Cardiff Bay. Further details on 02920 412800.

International Pharmaceutical Federation (FIP) International Congress, August 31-September 5 in Nice, +31 7030 21982 or www.fip.nl

Chemex exhibition, September 8-9 at ExCel, London Docklands. Further information from David Morgan on 01732 377256.

UK Medicines Information conference, September 19-21 in Chester .Further information on www.ukmi.uhs.uk

The Unichem Convention will be held in Mauritius from September 21-28. Further information from SOLER on 020 7534 9650.

British Pharmaceutical Conference, September 23-25, at the G Mex Centre, Manchester. Details on 0121 248 3399 or www.health-links.co.uk

Institute of Healthcare Management annual conference, October 8-9 in Torquay. Further information from Rebecca Dodman on 020 7881 9235.

e-World Healtheare & Pharmaceutieals, October 24 at the Meridien Russell Square Hotel, London. For further information contact Revolution Events on 01732 367007 or www.info@revolution-events.com

United Kingdom Clinical Pharmacy Association autum symposium, November 22-24 at the Hilton Hotel, Blackpool. Further information from Mrs Kennedy on 0116 2776999.

The National Institute for Clinical Excellence annual conference, December 4-5 at the ICC in Birmingham. Further information from Sterling events on 0151 709 8979.







This Supplement updates the latest Chemist & Druggist monthly Price List. It provides a cumulative list of amendments and previous Supplements should therefore be discarded.

Trade prices are per unit unless otherwise stated. Bold upright figures (0.14) in the retail column indicate price is subject to retail price maintenance. Italic figure (0.14) is the manufacturers recommended price. Light upright (0.14) is a suggested guide, $\mathbf{a} = \text{price}$ advanced. $\mathbf{r} = \text{price}$ reduced. $\mathbf{e} = \text{price}$ new entry. $\mathbf{d} = \text{deleted}$, $\mathbf{e} = \text{change}$ or correction, $\mathbf{i} = \text{insert}$. Three simple rules for price checking. 1. Look under 'This Week's changes'. If price is not listed. 2. Check cumulative section. If price is not listed. 3. Refer to the last main price list. Price is latest notified.

This week's changes to the January Price List.

		PIP code	Trade	VA	l' Relail				PIP code	Trade	VAT	Retail	
A&D (A & D Instruments)							FING'RS (Comedic)						
Effective January 01							narls						
advanced fuzzy logic							natural curve		284-9255		S	7 9.5	•
	IA-787	284-2615	47.40	S	89 99		preferred square		284-9263		S	7.95	
	JT-101	284-2656	18.42	S	34 99		FORTUNA (IntraMed)						
	JC-321	284-2631	67.00	S	117.50	•	comb						
	321PC	284-2649	99.16	S	173.90		course tooth small	FT-HB-033	285-0139	0.27	S	0.49	•
value wrist BP monitor U	JB-328	284-2623	39.90	S	69.99	•	detangler large	FT-HB-030	285-0105	0.57	S	0.99	•
B-D (BD)							detangler small	FT-HB-031	285-0113	0.42	S	0.79	•
insulin syringe needles							fine tooth handle	FT-HB-027	285-0071	0.56	S	() 99	•
26g x 1.5in		004-0915	2.20(10				fine with tail handle	FT-HB-025	285-0055	0.42	S	0.79	•
				S		d	medium tapered	FT-HB-028	285-0089	0.44	S	0.79	•
26g x 5/8in		004-0832	2.20(10	0)			mens pocket	FT-HB-034	285-0147	0.27	S	0.49	•
				S		d	six tooth stubby	FT-HB-032	285-0121	0.42	S	0,79	•
lancer 5		240-2006	4.65	S	7.95	d	twin tooth handle	FT-HB-026	285-0063	0.56	S	0.99	•
BEDRANOL SR (Lagap Pharms)							womens styling small	FT-HB-029	285-0097	0.44	S	0.79	•
capsules							hairbrush						
80mg	28	284-9636	7.48	S	POM	•	beige/medium	FT-HB-015	284-9958	0.85	S	1 49	•
BEGRIVAC (Wyeth Labs)							beige/small	FT-HB-016	284-9966	0.75	S	1.29	•
vial							blue cylinder/medium	FT-HB-024	285-0048	1.76	S	2.99	•
0.5ml	single	239-2504	6.29	S	POM	a	blue cylinder/small	FT-HB-023	285-0030	1.43	S	2.49	•
POLICE CONTRACTOR	10	245-1441	62.90	S	POM	a	blue/medium styling	FT-HB-021	285-0014	1.41	S	2 49	•
BOURJOIS (Bourjois)							blue/pear	FT-HB-019	284-9990	1.71	S	2,99	•
blusher							blue/pear vent	FT-HB-020	285-0006	1.70	S	2.99	•
Pastel Joues			3.14	S	5.75		blue/silver cylinder large	FT-HB-017	284-9974	1.76	S	2.99	•
rose indien 284-7242						í	blue/silver cylinder small	FT-HB-018	284-9982	1.70	S	2.99	•
BREATHASURE (R B Enterprises)							blue/vent	FT-HB-022	285-0022	1.44	S	2.49	•
breath Ireshener	-						HEALTH & FASHION (R B E	interprises)		2.42			
capsules	50	232-7922	2.96	S	4 99	i	pure copper & brass ring		****	2.53	S	4 25	•
CAFFEINE (see Painex)							small 284-9875, medium 28	14-9883, large	284-9891,				- 1
CAMCOLIT-250 (Norgine)							extra large 284-9909						i
Effective January 01							HEALTH AID (Pharmadass)						
tablets							Effective January 02						
250mg	100	004-1079	3.04	S	. POM	a	aromatherapy bleads	100 1				1.00	
CAMCOLIT-400 (Norgine)							oils	100mI	le o	2.85	S	4 99	•
Effective January 01							aftersport 284-7952, breath						- !
tablets							dusk 'til dawn 284-7978, ex			20.42			- !
controlled release	100	000 (31)	105		DOM:		relaxing 284-8000, sensual		mulating 284-i	\$042,			- 1
400mg	100	009-6214	4 05	S	POM	a	uplifting 284-8125, well ber						- !
CARDURA (Pfizer)							women's moon blead 284-8	141					- 1
tablets	20	0.17 0.130	15.00	0	DC A 4	,	herbal tablets	7.0	301.0511	5.70	C	0.00	
4mg	28	047-9139	17.60	S	= POM	d	St. johns wort complex	60	284-9511	5.70	S	9,99	•
CODEINE (see Painex)	10.						HOLLYTREES (J & D Black) deodorant	50ml	219-2854	9 18(6)	S	3.00	
COLLECTION 2000 (Collection 200			1.07.61	C	1.60		a constant	250ml	219-2854				a
nail polish shade No. 41 201-7945	14ml		4.87(6)	S	1.59		mouthwash		219-2789	9 18(6) 10.80(13		3.00 1.76	a
						- 1	natural toothpaste	55ml	219-0593				a
DANSAC (Dansac)	20	226 0 102	27.06				BUOGOTIBUE N	125ml	219-0595	16.78(12	:) 5	2.74	a
GX-tra seals	30	276-0403	37.96	S		a	ISOSOURCE (Novartis Consur	ner Health)					
Nova							Energy	5001	264-5349	2 22	Z	1 05 DC	
one piece closed	20	330.0600	(7.16				bottle	500ml	278-1664	3.23 6.46		4 85 BS	a
clear	30 D	270-9699	67.16	S		С	flexibag	1000ml	264-5356	3.23	Z	9 70 BS	
DIETARY SPECIALTIES (Nutritio	n romu						flexible pouch	500ml	204-3330	5.25	Z	4 85 BS	a
Effective January 01							Fibre	500ml	264-5364	3.07		171 00	
gluten-free/wheat-free mixes	500-	363 1397	1.75	- 7	4 11 DC		bottle		272-9838		Z	46/ BS	а
brown bread mix	500g	253-4287	4.75	Z	6.33 BS	r	flexibag	lltr	264-5372	6.15	Z	9.22 BS	а
pastry mix	600g	282-3730	4.75(6)	Z	6.33 BS	r	flexible pouch	500ml		3.07	Z	46/ BS	3
white bread mix	500g	253-4279	4.75	Z	6.33 BS	r	0: 1.1	1500ml	264-5380	9.22	Z	13 83 BS	a
white cake mix	750g	253-4303	4.75	Z	6.33 BS	Γ	Standard	£001	26 1 5315	3.74	-	4.14.00	
DILTIAZEM (see Disogram Sr)							bottle	500ml	264-5315 272-9820	2.76	Z	4 14 BS	3
DISOGRAM SR (Ranbaxy) (diltia:em)							flexibag	1ltr	264-5323	5.51	Z	8.27 BS	a
Effective Jaquary 01						1	flexible pouch	500ml	264-5331	2.76 8.27	Z	4 14 BS	3
capsules							L'OREAL (L'Oreal)	1500ml	204-0001	0.21	Z	12.40 BS	a
60mg	56	276-2144	7.49	S	POM		Elvive						
90mg	56	276-2151	8.35	S	POM POM		mousse	200ml			S	3.29	
A COLUMN TO A COLU	56	276-2151	9,29	S	POM		regeaitan 284-9396	200111				2129	·
L2(ima		276-2177	14.08	S	. POM		shampoo & conditioner						'
120mg 180mg	56	61054111		S	= POM		2-in-1	200ml			S	2.39	
180mg	56 28					-	4*10*1	2001111					
180mg 240mg	28	276-2185	9,93										
180mg 240mg 300mg			9,93	S	. POM	٠	citrus er 284-9388	l)			3	M-14-7	- 1
180mg 240mg 300mg DOXYLAMINE (see Paines)	28	276-2185				•	citrus cr 284-9388 LASER (GalPharm Internationa	1)			3		- 1
180mg 240mg 300mg DOXYLAMINE (see Pamex) EXOREX (Forest Labs)	28	276-2185				•	citrus cr 284-9388 LASER (GalPharm Internationa razors	1)			3		1
180mg 240mg 300mg DOXYLAMINE (see Paines)	28 28	276-2185		S		· ·	citrus cr 284-9388 LASER (GalPharm Internationa	1)	284-9529	14.58(20		1.49	

		PIP code	Trade VA	T Patail				DID code	Trade V	A.T.	Patail	
MARLEN (Pelican Healthcare)		rir code	traue VA	i Ketan		opaque		218-5072	67.15(30)		Retail	а
one-prece colostomy pouches flat pre-cut						drainable ostomy pouch clear	pre-cut	234-3978	68.29(30)			
opaque	8014 8614	223-5406 223-5612	29 30(15) S		a	cut-to-fit	110620	234-3952	68.29(30)	S		a a
transparent shallow convex			29.30(15) S		a	duo vent mini	1102 series	267-0701	67.29(30)			a
pre-cut opaque pre-cut transparent	8015 8615	223-5828 223-6032	29.30(15) S 29.30(15) S		a a		111200 1112 series	267-2855 267-2863	65.22(30) 65.22(30)			a a
ultra opaque flat starter hole	801312	223-5380	29.30(15) S		a	duo vent opaque cut-to-fit	1103 series	267-0610	67.29(30)	S		a
ultra transparent flat starter hole	861312	223-5398	29.30(15) S		a	opaque cut-to-fit	pre-cut 110720	234-4034 234-3960	68.29(30) 68.29(30)			a a
one-piece ileostomy pouches flat pre-cut						PELICAN SELECT AFRESH (F closed pouch	Pelican Heal	theare)				
opaque standard pouch starter hole	5014 501312	223-4516 223-4730	32.81(15) S 32.81(15) S		a a	clear	standard mini	281-1206 281-1446	66.14(30) 66.14(30)			a
shallow convex	501512	225-4750	52.01(15) 3		4	opaque	standard	281-1081	66.14(30)	S		a
pre-cut opaque standard pouch	5015	223-4953	33.58(15) S		a	PELICAN SELECT NEONATA	minı .L (Pelican l	281-1321 Healthcare)	66.14(30)	3		a
one-piece urostomy pouches flat pre-cut						drainable ostomy pouch opaque		276-7044	59.02(30)	S		a
transparent standard pouch shallow convex	7614	223-3666	39.93(10) S		a	PELICAN SELECT PAEDIATE plain fabric	RIC (Pelican	Healthcare)				
pre-cut transparent standard pouch	7615	223-4094	39.93(10) S		a	cut to fit teddy printed fabric		267-2764	61.08(30)	S		a
ultra transparent flat starter hole					_	cut to fit PHOENIX (Pelican Healthcare)		267-2780	61.08(30)	S		a
standard pouch	761312	223-3641	39.93(10) S		a	colostomy bags	1	012 1500	163.35 (100)			
MICROLANCE (BD) single-use needles						opaque pouches	casual	012-1509	163.35 (100)	S		a
intravenous 20G x 1" thinwall	304827	201-5782	2.80(100)				plosed	012-1624	175.60(100)	S		а
22G x 1" thinwall	304727	201-5758	2.80(100) S		d	PHYTEX (Forest Labs) Effective January 07						
regular			S		đ	paint POSALFILIN (Norgine)	25ml	018-1230	15.60(10)	S	2.75 P	а
20G x 1.5"	301300	201-5774	2.80(100) S		d	Effective January 01	ndo 10a	022.0500	2.42	e	D	
21G x 5/8"	304434	201-5832	2.80(100)			ointment PROCAM (Irish Skincare)	tube 10g	032-0598	3.43	S	P	a
26G x 5/8" thinwall	304300	201-5683	2.28(100) S		d	Effective January 07 scalp lotion		245-9402	6.23	S	10.99	a
NERISONE (Meadow Labs)			S		d	shampoo skin lotton		245-9394 245-9410	4.53 6.23	S S	7.99 10.99	a
Effective January 02 cream	30g	002-8688	1.59 S	. POM	С	PROPAIN (Sankyo Pharma) (distributors UDG)						
oily ointment	30g 30g	011-6574 011-6608	2.56 S 1.59 S	. POM	c	caplets	16 32	265-1586 265-1594	1.68 2.62	S S	2.95 PCDISL 4.60 PCDISL	
NERISONE FORTE (Meadow		011-0000	1.57 3	10.11	·	PYRALVEX (Norgine)	34	203-1394	2.02	3	4.00 I CDISL	
Effective January 02 oily cream	15g	002-4406	2.09 S		с	(distributors Ceuta Healthcare) Effective January 01						
ointment NITROMIN (Servier Labs)	15g	033-7758	2.09 S	POM	С	solution 0.5%	10m1	005-1359	1.50	S	P	a
Effective January 07 pump spray						SASSCO (Pelican Healthcare) colostomy bags						
400mcg/dose NORMACOL (Norgine)	200 doses	284-6772	3.13 S	POM	•	opaque pouches	closed	011-9982	167.26(100)	S		a
Effective January 01	500g	019-5016	6.05 S	GSL	a	ileostomy bags drainable		026-2881	192.02(100)			u
sachets	60 x 7g	026-4341	5.11 S		a			020-2001	192.02(100)	S		a
NORMACOL PLUS (Norgine) Effective January 01						SCHAR (Nutrition Point) Effective January 01						
granules sachets	500g 60 x 7g	019-4969 038-7951	6.50 S 5.45 S	GSL GSL	a a	gluten free foods baguette	400g	224-0117	2.45	Z	3.27 BS	С
OILATUM (Stiefel) Effective January 01						biscuits bread	175g 250g	246-9138 033-3971	1.80	Z Z	2.40 BS 1.88 BS	c
bath formula	150ml 300ml	233-7707 241-0694	2.82 S 5.10 S		a a	bread crumbs bread max	250g 1000g	246-9039 241-3094	1.55 4.50	Z Z	2.07 6.00 BS	c
cream OILATUM JUNIOR (Stiefel)	150g	280-3237	3.38 S		•	bread rolls	150g	033-3997 259-5098	1.50 1.22	Z Z	2.00 BS	С
Effective January 01						bread sticks brioches	150g 150g	246-9070	1.39	Z	1.63 1.85	c
bath formula		233-7715 241-0686	2.82 S 5.10 S		a a	brown bread ertha-sliced cake mix	250g 500g	276-2805 033-5331	1.50 4.25	Z Z	2.00 5.67 BS	c
PAINEX (Lagap Pharms) (paracetamol 450mg, doxylam	ine succinate	5mg, caffeine	30mg, codeine	phosphate		chocolate biscuits cioccolini biscuits	150g 125g	246-9146 246-9187	1.22 1.39	S Z	1.91 1.85	c
IOmg) caplets	32	284-9677	S	2.19 P	i •	cracker toast crackers	150g 200g	240-8201 033-5182	1.80 2.15	Z Z	2.40 BS 2.87 BS	c c
PARACETAMOL (see Painex) PARASOL (Irish Skincare)						crispbread fantasia sponge cake	250g 500g	033-4805 246-9062	3.00 3.26	Z Z	4.00 BS 4.35 SL	c c
Effective January 07 facial protection	100ml	284-9412	9.64 S	16.99		flour mix for cooking frollini tea biscuits	1000g 200g	240-8235 281-6676	4.50	Z Z	6.00 BS	c c
10+	1003111	204-7412	7.04 3	10.77		lasagne lunch rolls	250g 150g	078-4553 242-1139		Z Z	3.73 BS	c
high protection sun filter	100ml	240-8342	6.23 S	10.99	a	magdalenas apricot filling	125g	246-9088	1.39	Z	1.85	С
20+ high protection						meranetti cocoa cup cakes muesli	150g 375g	274-7418 246-9229	2.21	Z Z	2.95	c
sun filter	100ml 200ml	208-6353 240-8334	6.80 S 10.77 S		a a	noccioli hazelnut biscuits pastas	150g 250g	246-9153	1.22 1.80	Z Z		c c
25+ high protection						rings 246-9260, shells 246-92	500g		2.80	Z		c c
sun filter hair+	200ml	240-8359	10.77 S	18.99	a	fusilli 225-6709, macarom pij rigati 234-3267, spaghetti 03:		37, penne 225	-6717,			c c
hair sun filter PELICAN (Pelican Healthcare)	80ml	240-8367	5.39 S	9.50	a	pepitas biscuits pizza bases	200g 300g	246-9179 033-4045		Z Z	1.63	c
colostomy bags	annual.	041-4896	73.34(30) S			pizzırilli crackers	100g 100g	257-8656		Z Z	1.63	c
opaque pouches	casual	041-4904	77.29 (30) S		a a	ready to cook pasta meals fettuccine alla carbonara 274			1.31	2		c
dor pouch deodorant drainable pouch	130103 7ml paediatric	007-3973	2.02 S 69.98(30) S		a a	fusilli alla toscana 274-8101, maccheroni alla permigiana 2			* 00	_		c c
dramable pouch clips	opaque 130406	041-4946 005-1169	78.11(30) S 6.39(20) S		a a	savoy biscuits wafer bars	200g	249-7881		Z		С
drainable pouch covers latex gloves	130209	007-3791	11.96(5) S 5.83(100)		a	chocolate covered wafer biscuits	3 x 35g 100g	246-9120	1.11 0.82	S Z		c c
small 211-3892, medium 21	1-3900, large	211-3918	S		d d	cocoa 246-9195, hazelnut 246 waffle bread	5-9211, vani 75g	lla 246-9203 246-9054	0.88	Z		c c
	130101 100g	026-2915 028-9744	7.05 S 53.26(5000)		a	white bread buns white bread sliced	200g 2 x 200g	241-3144 276-2813	1.50	Z Z	2.00 BS	c c
		020 7717	S . 20 (5000)		a	SIONON (Kruger)	2 × 200g	270 8015				
pouch covers casual	130206	003-4181	I1.51(5) S		a	diabetic foods BonBons	60g	nunce (8.23(15)	S		d d
closed PVC reusable mattress covers	130207	004-0949	11.58(5) S		a	blackcurrant 057-0242, lemor chocolate wafers	1 055-5542,	264-5554	5.34(6)	S	1.49	d
double single		012-4487 013-5681	83.52(15) S 69.60(15) S		a a	mixed piolines muesli bar apricot		264-5539 264-5562	5.34(6)	S Z	1.25	d d
PVC reusable pillow covers skin protector		014-8429	65.83(30) S		a	orange biscuits orange drink	Htr	264-5547 039-0773	8.57(12)		1.15	d d
100mm x 100mm PELICAN SELECT (Pelican H	130320 (ealthcare)	032-1026	20.44(10) S		a	shortcake biscuits sweetener	150g 500g	021-5517 024-5191		Z		d d
closed ostomy pouch	1017 series	267-2806	67.15(30) S		a	SOLADEY-2 (PitRok) ionic toothbrush			67.80(12)		9.95	
cut-to-size mini clear	100700 cut-to-fit	218-5114 243-9420	67.15(30) S 67.15(30) S 56.33(30) S		a	adult medium blue 284-9917, adult medium yellow 284-993.		m pink 284-99				i i
mini opaque		243-9438	56.33(30) S		a	replacement heads		284-9941	67.80(12)	S	9.95	•
5 January 2002 Cl	nominty	Daugaio	+									

PIP code To	rade	VAT	Retail				PIP code	Trade	VAT	Retail
SPASMONAL (Norgine)					lip gloss	1		0.99	S	2.00
Effective January 01 capsules 60mg 100 040-6033 1	1.69	S	Р	a	clear 266-6048, gold 266-6030, plum 266-6014, red 266-6006 lipliner pencil	iridescent	266-5990, pi	each 266-61 0.74	922, S	1.50
SPASMONAL FIBRE (Norgine) Effective January 01	3.70	S	P	a	berry brown 007-6695, black ro chocolate 251-4859, plum 251- russet 251-4909, sand 262-0656	4867, roses	vood 251-48i			
SPASMONAL FORTE (Norgine) Effective January 01	15.70	3	,	a	lipstick sheer	s, tugjev 25	1-4917	0.99	S	2 00
	3.50	S	P	a	chocka 266-5420, grape 266-58 red 266-5867	175, opal 20	56-5842, pea			2.50
SPECTACULAR COSMETICS (Spectacular Cosmetics) eye make-up dip eyeliner	1.49	s	3.00	d	soft touch aztec gold 251-2473, black satir bubblegum 251-2598, cafe au la				S	2.50
black 262-0532, blue 262-0573, brown 262-0540, gold 262 purple 262-0581, silver 262-0565		Ü	2100	d d	caramel 251-2077, cassis 251-2 coconut ice 251-2028, copper s	267, clare	251-2002,	22.		
earthy brown 262-0334, flirt 262-0300, liquid sky 262-0292		S	3.00	d d	cream fudge 251-2069, first kiss hazelnut 251-2572, linit of pink	251-2184.	hot chocolat		,	
moon dance 262-0359, passion 262-0367, shine divine 262 eyebrow pencil black 007-6687, brown 251-1616	0.74	S	1.50	d d d	jazz orange 251-2200, little bro mediterranean pink 251-2275, n naked pink 251-2291, pink magi	nud smudg	e 251-2259,	.4 251 .237.1		
	1.49	S	3.00	d d	rustic peach 266-6964, rustic pi silver spangle 251-2549, teok 2:	nk 266-69	<i>‡9,</i>		,	
golden nugget 251-4248, ivory frost 251-4230, lusty lilac 251-4206, moon shadow 251-4214				d d	toffee 251-2713, wicked wine 25 mini lip crayon	51-2457		0.50	S	1.00
	1.49 0.99	S S	3.00 2.00	d	cliili pepper 262-3528, cinnamo cocoa bean 262-3569, nutmeg 2 mini lip dazzler				c	2.00
eyeshadow single avalanche 251-4446, bewitched 251-4438, bluebell 251-44 coffee bean 217-7731, ferocious 251-4461, misty 251-4420	12.	3	2.00	d d d	elf 262-3452, fairy 262-3437, go nymph 262-3486, pixie 262-347				S	2.00
nude 251-4297, pink panther 251-4453, soiree 251-4305, souffle 251-4271, surf 251-4347, ultra iridescent 251-4479,				d d	nail care false nail tips	,		0 99	S	2.00
whisper 251-4289 false eyelashes				d	regular 207-3625, short round 2 glitter transfers	251-1749, .	short square	251-1731 0.74	S	1.50
with glue black 102 007-6778, black 106 251-1707, black 107 251-17, black/gold ends 262-0458, black/silver 262-0425,	1.49 715,	S	3.00	d d d	series 6 262-2512 krackle glaze black/sheer blue 266-5834, purj	nla/elianz li	luc 266 5826	1.98	S	4 00
black/silver ends 262-0433, brown 102 251-1699, multicolour 262-0375				d d	red/sheer pink 266-5412 nail polish	mrtr ll	CONTRACTOR OF THE	0.99	S	2.00
kohl pencil black 007-6679, black supersoft 251-1855,	0.74	S	1.50	d d	aeriel 251-3935, americano 266 aztec gold 251-3752, ballet slipj	pers 007-6	646,			
black waterproof 251-1814, brown 251-1822, brown supersoft 251-1830, gold 251-1921, metallic blue 25 silver 251-1913, violet 251-1939, white 251-1905	51-1863,			d d d	barely blue 266-5776, barely pi barely purple 266-5750, betty b	lue 251-38	85,	. 161 2010		
	0.99	S	2.00	d d	black satin 251-3000, blue lago blue velvet 266-5560, bohemian bronze 251-3034, burnt orange	266-5578	brighton roa	ck 251-314		
mascara black 251-2952, black waterproof 251-2960, brown 251-29	1.24 929,	S	2.50	d d	call girl 262-1449, catherine wl cinderella 262-1241, cinnamon	ieel 262-1 - stick 251-:	107, 3075,			
	0.99	s	2.00	d d	clear basecoat 251-3059, cocon creme brulee 251-3125, crushec	l berry 266	-5610,			
chicago 262-3296, hollywood 262-3270, L.A. 262-3254, miami 262-3262, N.Y. 262-3304, vegas 262-3288 mini eye pencils	0.50	S	1.00	d d d	crushed gold 266-5743, dancing diamond sparkle 251-3372, disc disco kid 251-4032, dream on 2	o diva 251	-4016,	51 2107		
fallen angel 262-3130, heaven's gate 262-3155, into the blue 262-3148, little devil 262-3122,	0.50	3	1.00	d d	gold dust 251-3190, gold sparkl hot chocolate 251-3653, tron m	le 251-3481),			
moonstone 262-3171, white lightning 262-3163 mini lash paint	0.50	s	1.00	d d	jumping jack 262-1373, liluc sh loganberry 251-3679, mink 251	immer 251 -3745, mot	-3844, ung shadow .			
black 262-3239, brown 262-3221, electric blue 262-3213, gold 262-3197, purple 262-3247, silver 262-3205 powder eye crayon	1.24	c	2.50	d d d	naked pink 251-3281, natural st ocean breeze 262-1266, opulenc	e 266-573	5, oyster she.	11 251-3307	7,	
powder eye crayon bouquet 262-0516, confetti 262-0508, garter 262-0524, marzipan 262-0490, petticoat 262-0482, something blue 26		S	2.50	d d	partiele shower 262-1423, pore purple passum 251-3521, quick rainbow sparkle 251-3661, red	dry topcou	t 251-3026,			
face make-up cheeky cheeks	1.49	S	3.00	d	rliapsody 266-5651, rollercoast rose gold 266-5669, ruby sparki	er 251-350 le 251-359	5, roman car 6, s.o.s. 266-		199,	
	0.99	S	2.00	đ d	sappltire sparkle 251-3570, sha silver cloud 251-3463, silver ro	cket 251-3	810,	(2.127.4		
beige glow 251-1574, new beige 251-1590, porcelain 251- silky touch 045-3621, translucent 251-1566, translucent light 251-1558, true beige 251-1582	1608,			d d d	stlver sparkle 251-3497, snow w starlight 251-3851, storm 251-3 string of pearls 251-4099, sweet	1869, stran	d palace 266	52-1274, -5701,		
	1.98 1613.	S	4.00	d d	tinkerbell 251-3976, tinsel town tunnel of love 266-5719, volcan	262-1233,		e 251-3414	4.	
	1.49	S	3.00	d d	wine berry 266-5727 nail polish remover		212-1226	0.74	S	1.50
No.1 262-1746, No.2 262-1753, No.3 262-1761, No.4 262- powder blusher No.3 251-1517, No.4 251-1525	1779 1.24	S	2.50	d d d	acetone-free pencil sharpener white nail pencil	100ml	262-2272 227-2680 262-2280	0.74 0.74 0.74	S S S	1.50 1.50 1.50
glitter range	1.24	S	2.50	d	THERMOS (Barnett) weekend cooler products		202-2200	0.74	3	1.30
disco lilac 262-2611, green indescent 262-2561, pink 262- rainbow 262-2553, silver 262-2546, turquoise 262-2579	2595,			d d	cool bag TOMMEE TIPPEE (Jackel Interna		284-9438	6.50	S	
face & body jewels 262-4450	1.49 0.50	S	3.00 2.00	d	BOTTLES Tip it up	122720	204 0222	1.01	C	3.00
	0.50 1.49 62-2058.	S S	1.00 3.00	d d	easy grip trainer CUPS & BEAKERS	432720 432722	284-9222 284-7796	1 9 l 2.55	S S	2.99 3.99
pink lady 262-1993, rizzo 262-2066, rydell high red 262-20 sandy 262-2033, t-bird 262-2025, zuko 262-2082	074,			d d	easiflow beaker easiflow cup	430368 430364	284-7770 284-7754	1.91 2.23	S	2.99 3.49
glitter dust disco blue 262-2686, disco lilac 262-2678, gold 262-2645, purple 262-2637, rambow 262-2694	1.24	S	2.50	d d	easiflow heat sensing cup easiflow replacement spouts	430366 430372	284-7762 284-7788	2.55 1.91	S S	3,99 2.99
	1.98	S	4.00	d d d	SILICONE TEATS tip it up wide neck ULTRALANUM (Meadow Lubs)	432814	284-7804	1.27	S	1.99
glitter explosion nail polish blast 266-5909, erupt 266-5479, fiery 266-5925, shutter 26	1 49 6-5941,	S	3.00	d d	Effective January 02 cream plain	50g	029-5352	2.95	S	POM
	0.99	S	2.00	d d	ointment plain ULTRAPROCT (Meadow Labs)	50g	029-5451	2.95	S	POM
big bang 262-3072, intastella 262-3080, moonbeam 262-30 starburst 262-3064, supernova 262-3098 glitter mascara	056,	S	2.00	d d d	Effective January 02 ointment suppositories		029-5550 029-5568	4.57 2.15	S S	POM POM
silver 266-5438 glitter sticks	0.99	S	2.00	d d	WAXSOL (Norgine) Effective January 01					TOM
cosnuc 237-0997, mercury 262-0623, meteor 262-0649, rocket 237-1011, solar 237-1003, space 237-0989				d d	ear drops WILKINSON (Wilkinson Sword)	10ml	002-6229	1.24	S	GSL
hair & body glitter spray gold 262-2710, lilac 266-5503, multicolour 262-2702, silver 262-2728	1.24	S	2.50	d d d	Manicure nail clippers nail scissors		284-9339	10.69(6)	S	3.49
hair jewels black 266-5982, frosted 266-5495	0.99	S	2.00	d d	chrome matt chrome		284-9362 284-9354	11.63(3) 12.24(3)		7.59 7.99
roll-on glitter blue fire 266-5974, pinkie 266-5958, purple lieary 266-596	0.99 56,	S	2.00	d d	nail scissors fine chrome		284-9370	11 63(3)	S	7.59
silver streak 266-5487 stars & hearts fluorescent pink stars 262-2868,	1.24	S	2.50	d d	matt chrome tweezers curved		284-9347 284-9727 28.1-9735	12.24(3) 11.31(6)	S	7.99 3.69
fluorescent pink stars 262-2808, fluorescent vellow stars 262-2884, glow in the dark stars 262-2926, gold stars 262-2942, iridescent hearts 262-2850, ridescent stars 262-2827, midit roduc hearts 262-2900, red hearts 262-2843, silver stars 262-2835, sky blue stars 262-2948				d d d d d	tweezers flat tweezers slanted	nor-	284-9735 284-9271	11.31(6) 11.31(6)		3.69 3.69
lip make-up lip crayon	1.24	S	2.50	d	Cumulative An	neno	ıment	.5		
brandy snap 251-4966, fudge 251-4982, maple 251-4941, nougat 251-4958, treacle 251-4974, truffle 251-4990				d d						



		PIP code	Trade '	VAT	Retail				PIP code	Trade	VAT	Retail	
A&D (A & D Instruments) Effective January 01							HEALTHCHECKS (Primacy Healthca vitamin A, C & D	аге)					
digital electronic	LID 401	372 9250	17 10		60.00		children's, one-a-day	20	252 525 (2.00	
premium wrist monitor ADVANTAGE II (Roche Diagno Effective January 01	UB-401 stics)	273-8359	47.40	S	89 99	ī	tablets vitamin C tablets	30	257-5256		S	099	d
glucose testing strips ARKOCAPS (Arkopharma)	50	275-5619	15.02	S		a	60mg HEALTHILIFE (Primacy Healthcare)	120	269-5732		S	1.89	d
charcoal 162mg ASCORBIC ACID (see Beecham		284-7325	2.80	S	4 85		A-Z multivitamins & minerals beta carotene capsules	30	259-1071		S	2.49	Γ
AVEENO (Johnson & Johnson)	1)						4.8mg	90	046-1277		S	3.69	d
bath additives colloidal	10 x 15g	283-7409	4.39	S	7.75 BS			330g	034-1438		S	2.49	a
AVENT (Cannon Rubber) Effective January 01 bahycare							tablets 300mg calcium chewable	500	036-3499		S	2.49	a
bottom balm breast pads	100ml	271-0838	2.55	S	4.00	c	apple flavour 400mg	60	234-8977		S	2 49	г
disposable ultra comfort future mother range	50	284-0254	3.19	S	4 99	•	cod liver oil & glucosamine complex	30	284-8810		S	3.99	i
relaxing bath & shower essen BETA-CARDONE (Celltech Pha tablets		271-0879	3.19	S	5.00	С	high strength capsules	60	257-7757		Š	9 99	d
40mg 80mg	56 56	283-1337 283-1329	2.22 3.29	S S	POM . POM	•	1000mg	30 90	016-1471 016-1406		S S	1.99 3.99	ı ı
BOURJOIS (Bourjois) blusher	50	203-1329				·	one-a-day capsules	180	227-3662		s	5.99	r d
Pastel Joues rose bots 284-7259, rose cutv	e 284-7267	7	3.14	S	5.75	i	capsules	60	043-7236 234-5809		S	1.49 3.69	i
eyeshadow trio-effet lumiere			3.14	S	5.75			120	043-7244		S	1.99	d i
bleu prusse 268-8794, prune i violet imperial 268-8760	rovale 268-8	3695,				i i	cod liver oil liquid	180	234-5791		S	2.89	Ì
jeau de soleil cuivre dore 284-7291, ocre lu	mineux 284	-7275		S	10.50	•	& evening primrose oil devil's claw	30	284-8992		S	2.99	i
CAFFEINE (see Beechams) CAREMED (LINC Medical Systesisticone suprapubic catheter							capsules evening primrose oil capsules	90	036-3515		S	4 99	a
with integral balloon & openi short: (08471205) 5ml 12ch 2			10 95	S		•	500mg	30 90	005-8339 026-2337		S S	1.49 2.99	r
(08471405) 5ml 14ch 284-862	20, (084716)					i	1000mg	180	046-5450 046-1368		S	4 99 2.99	i
(08471810) 10ml 18ch 284-80 long: (08451205) 5ml 12ch 28	84-8661,					i	roomig	90 180	046-5468 210-3059		S	5.99 8.99	r
(08451405) 5ml 14ch 284-86) (08451810) 10ml 18ch 284-80						i	folic acid	100	210-3039		3	0.99	,
with opening & shaped tip (08461205) 5ml 12cli 284-87;	2-way 11, (084614)	10) 10ml 14cli	8.95 284-8729,	S		i	capsules 400mcg	90	242-2616		S	1.99	Г
(08461610) 10ml 16ch 284-83 (08462010) 10ml 20ch 284-83		810) 10ml 18c	h 284-8745,			i	garlic pearls one-a-day						
CAREX (Cussons) Effective January 01							odourless	30 60	030-5946 284-8844		S S	1.49 1.29	d I
handwash gentle foaming	250ml			S	2.59			90 120	030-6605 284-8869		S S	2.99 1.99	d 1
cranberry & Jojoba oil 284-67 willawbark & honey 284-670;	723, tea tree	& avocado 2	84-6715,	3	2.37	i	glucosamine sulphate capsules						
refill aloe vera 284-6749, original :	750ml		15.39(6)	S	3.49		500mg magnesium	30	265-3038		S	4 99	1
soft wipes	15	284-6756 284-6764	14.91(12)		1.59		capsules 150mg	60	242-2657		S	2.49	r
CHAPSTICK MEDICATED (W	hitehall Lah	is)	17.60(8)		2.99	•	st john's wort 300mg	30	250-1088		S	3.89	a
lip balm CLINUTREN ISO (Nestle Clinical sup feed)	single al Nutrition)	284-7713	24.89(24)	5	1.59	•	super soya lecithin capsules 1200mg	90	046-3257		S	4.99	ď
	4 x 200ml		4 72	Z	. BS		vitamins B complex		010 5257				
strawberry/raspberry 267-037 COMBINESIVE NATURA (Cor						d	tablets B super complex	30	234-5718		S	1.49	r
Little Ones closed pouch							tablets	30 90	234-5700 238-9765		S S	1.99 4.49	r d
32mm opaque 45mm opaque	S7891 S7892	284-7200 284-7226	19.10(20) 19.10(20)			:	C chewable	90	2.10-270.1		3	4 47	u
drainable pouch 32mm clear	S7880	284-7184	11.19(10)				tablets 1000mg	30	218-5973		S	3.19	d
45mm clear flexible flanges	S7881	284-7192	11.19(10)			•	multivitamins	60	284-8901		S	3.99	1
32mm 45mm	S7811 S7812	284-7150 284-7168	14.24(5) 14.24(5)			:	tablets multivitamins + iron	30 60	218-5957 284-8893		S S	1.49 1.49	d i
urostomy pouch 32mm clear	\$7850	284-7176	24.39(10)	S			tablets	30 60	218-5965 284-8885		S S	1.59 1.49	d i
CUSSONS (Cussons) Effective January 01 Imperial Leather							wild sea kelp tablets	180	284-9008		S	2.99	i
foamburst scent-sations cassis & ginger 284-6673, cue	150ml rumber & lis	me 284-6681,	15.31(6)	S	3.49	1	300mg zinc	250	035-3391		S	2.99 SL	a
juniper & vuzu 284-6699 DOVE (Lever Faherge)						i	tablets 15mg	90	242-2632		S	2.49	r
conditioner coloured 283-2228, dry 283-2	200ml 210, norma	1 283-2202		S	2.59	1	IMPULSE (Lever Faberge) body spray aerosof	75ml			S	2.29	
shampoo 2 in 1 283-2194, coloured 283 normal 283-2152	250ml 3-2186, dry 1	283-2160, gre	asy 283-2178	S R,	2.59	• ! i	moongrass 283-2236 JEYES (Jeyes)						1
DR STUARTS (Simpkin) botanical teas			6.25(6)	7	1.39	-	(distributors Chemist Brokers) Effective January 01 fragrant mist			11.61(12	, «	1.99	,
echinacea plus 284-7218 EROS (Savoy Labs)			0.25(0)		1.27	i	calm 284-0650, energy 284-0643			11.01(12) 3	1.99	i
condoms EXPULIN (Shire Pharms)	8	284-7234	18.00(10)	S	3.99	•	KAZ (BeWell) instant ice	2	284-7945		S	4.99	•
chesty cough	1001	220 1472	1.00	C	2.35.001	,		76X	043-9786		S .	24.99	i
sugar free GRANOVITA (GranoVita) Vitapharma		239-1472	1.00	S	2.35 GSL	đ	KIRA (Lichtwer Pharma) (distributors Chemist Brokers) Effective January 01						
essential oils bergamont 284-9149, lavende		ylang-ylang 2		S	3.99	i	agnus castus L'OREAL (L'Oreal)	30	284-6566	27.20(6)	S	7.99	•
eucalyptus 284-9172, evening			8.26(6)	5	2.49	į		50ml			S	2.49	
grapefrut 284-9180, japanese lemon grass 284-9214, orang	284-9230			_	1.00	1	strawherry smoothie 284-8083 Recital						ĺ
organic tea tree oil HANSAPLAST THERMO (Beie	rsdorf)	284-9131	26.49(12)		3.99	•	Les Blondissimes lightest ash blonde 051-0453, lighte	st gole	len blonde 05 i	-0461,	S	6.99	i
herbal heat plaster HEALTH AID (Pharmadass) Effective January 02 amino acid supplements	02990	242-4745	101.16(36)	S	4.65 GSL	С	lightest natural blonde 051-0446 LIPITOR (Parke Davis) (distributors Pfizer) Effective January 01						i
L-cysteine tablets 550mg	60	284-7705	7.41	S	12.99		tablets 10mg	28	238-4253	18.03	S	РОМ	г
vitamin C supplements Wintervits tablets	30	258-2179	3.99	S	6 99	a	20mg 40mg 80mg	28 28 28	238-4279 238-4287 271-3550	29.69 29.69 29.69	S S S	POM POM POM	r r
IMPACT	JU.	2.70-21/9	.1.77		077	d	oonig	40	~ / I 'JJJJU	=7.07	J	1 0 111	

PIP code	Trade	VAT	Retail	
LOFRIC (Astra Tech)				
cath-kit nelaton catheter with integral drainage bag paediatric	37.50(25	i) S		
ch06 284-8166, čh08 284-8174, ch10 284-8182 male	37.50(25	s) S		
ch08 284-8190, ch10 284-8208, ch12 284-8216, ch14 1 ch16 284-8232, ch18 284-8240				
temale ch08 284-8257, ch10 284-8265, ch12 284-8273, ch14 2 ch16 284-8299, ch18 284-8307 tiemann catheter with				
integral dramage bag ch10 284-8315, ch12 284-8331, ch14 284-8349, ch16 2 ch18 284-8364 hydro-kit	37.50(25 284-8356,) S		
nelaton catheter with integral dramage bag male ch08 284-8422, ch10 284-8430, ch12 284-8448, ch14 2 ch16 284-8463, ch18 284-8471	33.60(20 284-8455,) S		
female ch08 284-8489, ch10 284-8497, ch12 284-8505, ch14 2	33.60(20 284-8513,) S		
ch16 284-8539, ch18 284-8521 paediatric ch06 284-8554, ch08 284-8562, ch10 284-8570 tiemann catheter with	33.60(20)) S		
integral drainage bag ch10 284-8372, ch12 284-8380, ch14 284-8398, ch16 2 ch18 284-8414	33.60(20 284-8406,)) S		
LYNX (Lever Faberge) aftershave (100ml dimension 283-2244		S	7.45	
body spray aerosol 150ml		S	2.49	
dimension 283-2251 deodorant stick 50ml		S	2.29	
dimension 283-2285 roll-on 50ml		S	1.99	
dimension 283-2269 shower gel 250ml		S	2.19	
dimension 283-2277 LYOFOAM (SSL International)				
sterile wound dressings 25cm x 10cm x 35 P60 004-0600 MAYBELLINE (Laboratoires Garnier) eve make-up	167.80	S 2	95.75	
eye liner liner express berge 252-3868, blue 252-3850, lungundy brown 252-3	11 67(3) 3876,	S		
shimmer grey 252-3884 eyeshadow natural accents	7.42(3)	S		
cool nunt 252-5467, crimson dust 252-5392, electric penny 252-5376, goldlights 252-5459, grev von khaki 264-7303, like filac 252-5426, pink chiffon 252-5 rogue vague 252-5442, rose quart; 252-5384, shrimp 2	434,			
mascara great lash	13.99(6)	S		
brownish black 252-3736, royal blue 252-3751, soft black 252-3769				
great lash waterproof black 261-2372, brown 261-2380	13.99(6)			
lash discovery black 282-0512 volum` express	29.71(6)	S		
standard brownish grey 252-3397, dark hrown 252-3389	19.08(6)	S		
natural brow pencil brunette 252-3967, luoney brown 252-3983 face make-up	5.28(3)			
3 in 1 stick foundation fawn 266-1510, natural betge 263-7395, sand 263-742 non stop foundation	9 25.46(6)	S	3.99 5.99	
ton 272-8939 hp make-up lip liner	25.10(0)		5.77	
lip express pure blue 270-9129	7.41(3)	S		
hydra stay 268-9347 moisture whip	8.48(3) 8.48(3)			
amethyste 279-7801, autumn rose 260-3141, burgandy caramet venn 268-8877, cherry brown 260-3116, coffee bean 260-3231, creamy casis 260-3058, fuchsts golden sienna 260-3207, icy berge 260-3140, madder v	i 268-8810,	8,		
metalhe brown 268-8851, pink perle 260-3173, real raism 260-3090, red passion 268-8836, sweet nectarine 268-8844 watershine	11.66(3)	S		
cranberry sherbert 278-1201 nail cure express finish	8.48(4)	S		
aqua 268-8984, barely pink 252-5244, cafe an lait 252 frosted copper 268-8935, golden chocolate 268-8927, happy orange 268-8956, just pink 268-8966, marble 25 pearly pink 268-8966, pure gold 268-8885, red alert 2: red betries 268-8901, safari green 268-8919, truly manye 252-5194, byo timer 252-4999, white silk wild vivolet 252-5114.	-5285, 52-5277, 52-5038,			
Ultra Lasting	8.48(3)	S		
angeliv white 268-8711, baby doll 268-8703, crystal clear 268-8679, deep red 268-8737, forsted ros hat pink 268-8752, lilae pear 270-9145, porcelain 268- rich ruby 268-8745, silver beige 268-8802, touch of taupe 268-8786,	e 268-8687, -8661,			
brown berry 268-8729, creamy cocoa 268-8778, passionate red 283-8266 OMRON (Omron Healthcare UK)				
blood pressure monitors wrist RX2 284-7861 ORGANICS (Lever Faberge)	38.27	S	59.95	
Color Activ shampoo 200ml 283-2384		S	2.49	
conditioner 200ml <i>hydra purity</i> 283-2400 shampoo 200ml		S	2.19	
liydra purity 283-2392 Vital Anti-Age conditioner 200ml 283-2582		S	2.49	
Vital Anti-Age shampoo 200ml body & thickness 283-2418, strength & softness 283-2-	 434	Š	2.49	
PARACETAMOL (see Beechams) PHENYLEPHRINE (see Beechams)				

		PIP code	Trade	VAT	Retail	
PONSTAN (Chemidex Pharma) (distributors Farillon)						
capsules 250mg PONSTAN FORTE (Chemidex Ph (distributors Farillon)	100 arma)	022-4162	8.17	S	POM	Ĺ
tablets 500mg QUEST (Quest Vitamins)	100	047-0922	15.72	S	POM	Ĺ
synergistic minerals energy nutrient complex tablets	60	284-8760		S	15.99	
QX PRESTIGE SMART SYSTEM Effective January 01 blood glucose monitoring system	I (Diagno	284-8547	9.38	S	12.50	
ROACCUTANE (Roche) capsules						
20mg SECADREX (Aventis Pharma)	56 60	209-7103 284-9024	50.21 53.80	S	POMH POMH	
tablets calender pack SECTRAL (Aventis Pharma) capsules	28	035-1981	189.10(10)	S	POM	c
100mg 200mg	84 56	041-5208 048-7017	161.00(10) 206.30(10)		= POM POM	c
tablets 400mg SURMONTIL (Aventis Pharma)	28	038-6045	200.20(10)	S	. POM	C
capsules 50mg tablets	28	038-8678	8.51	S	POM	c
10mg	28 84	245-4486 239-9988	3.84 11.49	S S	POM POM	e
25mg	28 84	245-4478 239-9962	5.06 15.16	S	POM POM	C
SWEET'N LOW (Essentially Swee		734-4407	15.10	3	. rom	c
all natural sugar-free sweets blackcurrant drops	60g	273-5173	7.58(12)		0.99	d
butter bonbon caribbean crunchy chews	60g 60g	273-5181 273-5165	7.58(12) 7.58(12)	S	0.99 0.99	d d
chocolate original fruit medley	60g 60g	273-5140 273-5132	7.58(12) 7.58(12)		0.99 0.99	d d
ice cool mint chews low-calorie sweetener	60g	273-5157	7.58(12)		0.99	d
spoon for spoon tablets	40g jar 200	273-5124 273-5116	12.60(12) 71.64(36)		1.40 2.99	d
T-ZONE (Brodie & Stone) cleansing cloths						
foam & clean TESTODERM (Ferring Pharms) (testosterone)	30	284-7937	3.82	S	5,99	ď
transdermal patches 6mg/24hrs	30	260-1284	53.70	S	POM	d
TIELLE PLUS SACRUM (Johnso hydropolymer adhesive dressing	n & Johns					
15cm x 15cm TIMOTEI (Lever Faberge) conditioner	300ml	284-5550	28 10(10)	S	2.19	•
camonule golden hilights 283-2 shampoo				S	1.69	i
camomile golden hilights 283-2				S	2.69 SL	i
canionale golden hihghts 283-2 VIRORMONE (Ferring Pharms) transdermal patches				3	2.07.51	i
5mg/24 hours WELEDA (Weleda) Effective January 01 baby care	30	273-1966	53.70	S	POM	d
calendula range baby lotion	150ml	244-3125	2 76	S	4.50	a
baby moisturiser	75ml	205-1522	2.76	S	4.50	a
baby orl baby powder	100ml 75g	205-1506 205-1498	3.31 1.53(6)	S	5.40 2.50	a d
baby soap nappy change cream bath & body care	100g 75ml	205-1530 205-1514	2.27 2.76	S S	3.70 4.50	a
citrus range bath milk	[00m]	205-1639	2.76	S	4.50	a
body tone lotion	75ml	205-1589	2.75	S	4.50	a
deodorant	30ml 100ml	070-9394 003-6756	1.41 2.75	S S	2 30 4.50	a
skin cream Ioot balm	30ml 75ml	205-1621 046-1814	2.75 2.75	S S	4.50 4.50	a
herbaf range deodorant	30ml 100ml	070-9402	1.41	S S	2.30	a
lavender range bath milk	100ml	029-1351 207-1249	2.75	S	4.50 4.50	a
mens range after shave balm	100ml	238-6142	6.07	S	9.90	a
after shave lotion eau de cologne	100ml 100ml	238-6134 238-6159	6.07 6.07	S	9 90 9.90	a
shaving cream pine range	75ml	238-6126	2.75	S	4 50	а
bath milk	100ml	207-1256	2.76	S	4.50	a
rose range rose cream	30ml	238-1374	4.77	S	8.00	a
rose soap wild rose body oil rosemary range	100g 100ml	238-1457 238-1390	4.77 9.52	S S	8.00 16.00	a
bath milk soap	100ml 100ml	207-1264 207-1272	2.76 2.27	S S	4 50 3.70	a
skin food wild rose range	75ml	238-6118	2.75	S	4.50	a
body lotion cough & tonic elixies	200ml	280-3369	9.52	S	16.00	a
Birch Blackthorn	200ml 200ml	010-8241 010-9454	3.75 3.75	S S	6.30 GSL 6.30 GSL	a
cough	100ml	016-5597	2.21	S	3.70 GSL	а
Herb & Honey	200ml 100ml 200ml	010-9561 091-6445 010-9629	3.13 2.21 3.13	S S	5.25 GSL 3.70 GSL 5.25 GSL	a a
dental care childs tooth gel	50ml	245-0377	1.01	S	1.65	a
essential oils aniseed	10ml	207-1306	2.63	S	4.30	a
clove eucalyptus	10ml 10ml	207-1348 207-1355	2.63 2.63	S S	4.30 4.30	a a
geranium grapefruit	10ml 10ml	207-1363 207-1371	2.63 2.63	S S	4 30 4 30	a
grapetruit lavender	10ml	207-1371	2.63	S	430	a
	Che	mist: Dr	uaaist	5.	January S	20

		PIP code	Trade	VAT	Retail				PIP code	Trade	VAT	Retail	
lemon	10m1	207-1397	2.63	S	4.30	a	30	125	028-8829	2.22	S	4.50	a
lime orange	10ml 10ml	207-1405 207-1413	2.63	S	4.30	a	Lachesis 6	125	002-3184	1.88	S	3.80	a
peppermint pine rosemary	10ml 10ml 10ml	207-1439 207-1447 207-1454	2.63 2.63 2.63	S S S	4.30 4.30 4.30	a a a	30 Ledum	125 125	276-4181 002-7797	2.22	S S	4.50 3.80	a
sage sweet almond	10ml 100ml	207-1462 207-1496	2.63 2.63	S S	4 30 4.30	a a	30 Lycopodium	125	276-4199	2.22	S	4.50	a
tea tree	500ml 10ml	207-1504 267-1295	2.63	S S S	10.80	a	6 30 Mars S-1	125 125	006-0566 028-8910	1.88 2.22	S S	3.80 4.50	a a
ylang ylang hair care conditioner	10ml	207-1488	2.63	3	4.30	a	Merc Sol 6 30	125 125	041-3732 028-9009	1.88	S S	3.80 4.50	a a
calendula lemon balm	250ml 250ml	244-3133 238-6100	1.96 1.96	S S	3.20 3.20	a a	Mixed Pollen 30	125	045-3092	2.22	S	4.50	a
rosemary hair lotion rosemary	250ml 100ml	016-6405 205-1670	2.67	S	3.20 4.35	a	Nat Mur 6 30	125 125	041-5844 028-9017	1.88 2.22	S S	3.80 4.50	a
shampoo calendula	250ml	041-7535	1.96	S	3.20	a	Nux Vom 6	125	041-5851	1 88	S	3.80	a
chestnut Iemon balm	100ml 250ml	205-1647 238-6092	2.67 1.96	S	4.35 3.20	a a	30 Phosphorus	125	028-9025	2.22	S	4.50	a
rosemary homoeopathic medicines	100ml 250ml	205-1662 017-5844	2.67 1.96	S S	4.35 3.20	a a	6 30 Phytolacca	125 125	041-8095 028-9108	1.88 2.22	S S	3.80 4.50	a
tablets Aconite							6 30	125 125	002-7805 276-4207	1.88 2.22	S S	3.80 4.50	a a
6 30 Actaea Rac	125 125	036-2616 028-7706	1.88 2.22	S S	3.80 4.50	a	Pulsatilla 6 30	125 125	041-9457 028-9298	1.88 2.22	S S	3.80 4.50	a
6 30	125 125	006-0236 028-7714	1.88 2.22	S S	3.80 4.50	a a	Rhus Tox	125	041-9531	1.88	S	3.80	a a
Allium Cepa	125	048-6530	1.88	S	3.80	a	30 Ruta Grav	125	028-9645	2.22	S	4.50	а
Apis Mel 6 30	125 125	036-8480 028-7722	1.88 2.22	S S	3.80 4.50	a a	6 30 Sepia	125 125	042-3343 028-9652	1.88 2.22	S S	3.80 4.50	a
Argent Nit 6	125	037-0122	1.88	S	3.80	a	6 30	125 125	006-0574 028-9769	1.88 2.22	S S	3.80 4.50	a a
30 Arnica 6	125 125	028-7730	2.22	S S	4.50 3.80	a	Silicea 6 30	125 125	042-3350 028-9777	1.88	S S	3.80 4.50	a
30 Arsen Alb	125	028-7748	2.22	S	4 50	a	Sulphur 6	125	042-3376	1.88	S	3 80	a
6 30 B. H. danse	125 125	037-0197 028-7763	1.88 2.22	S S	3.80 4.50	a a	30 Symphytum	125	028-9785	2.22	S	4.50	a
Belladonna 6 30	125 125	037-2276 028-7771	1.88	S S	3.80 4.50	a	6 30 Thuja	125 125	003-3621 276-4215	1 88 2.22	S S	3.80 4.50	a
Bellis Perennis 6	125	042-3368	1.88	S	3.80	a	6 30	125 125	006-0699 028-9819	1.88 2.22	S S	3.80 4.50	a a
Bryonia 6 30	125 125	037-2292 028-7789	1.88	S S	3.80 4.50	a a	Urtica Urens 6 30	125 125	040-9615 276-4231	1.88 2.22	S S	3.80 4.50	a a
Calc. Carb 6	125	037-3423	1.88	S	3.80	a	natural medicines arnica massage balm	50ml	020-0287	2.50	S	4.20	a
30 Calc. Fluor 6	125 125	028-7797 028-9827	2.22	S S	4.50 3.80	a	compounds Avena Sativa	100ml 25ml	028-2319 028-7045	4.14 2.86	S S	6.95 4.80 GSL	a a
30 Calc. Phos	125	028-7805	2.22	S	4.50	a	Melissa Conchae 5% Comp	25ml	027-8556	2.86	S	4.80 GSL 4.80 GSL	a
6 30	125 125	028-9835 028-7862	1.88 2.22	S S	3.80 4.50	a a	tablets drops	100	028-7458	2.95	S	4.95	a
Cantharis 6 30	125 125	037-3431 028-7904	1.88	S S	3.80 4.50	a	Chamomilla 3X Feverfew 6X Infludo	25ml 25ml 25ml	001-1015 017-4060 207-1900	2.86 2.86 4.11	S S S	4.80 GSL 4.80 GSL 6.90 POM	a r a
Carbo Veg	125	038-2739	1.88	S	3.80	a	Pertudoron 1 Erysidoron 2 tablets	25ml 100	207-1991 029-0338	4 11 2.95	S S	6.90 POM 4.95	a a
30 Causticum 6	125	028-7912 001-5313	1.88	S S	4.50 3.80	a	lotions Arnica	50ml 500ml	028-6997 207-1512	2.86 13.70	S S	4 80 23.00	a a
30 Chamomilla	125	276-4157	2.22	S	4.50	a	Calendula Combudoron	50ml 50ml	028-7227 028-7292	2.86 2.86	S S	4.80 4.80	a a
30 Cina 6	125 125	001-5099 001-5107	2.22 1.88	S S	4.50 3.80	a a	Larch Resin medicinal gargle Mercurius Cyanat 4X drops	50ml 50ml 25ml	028-7557 207-1934 207-1959	2.86 2.86 4.11	S S S	4.80 4.80 6.90 POM	a a a
Cocculus 6	125	001-9448	1.88	S	3.80	a	ointments Arnica	25g	029-7911	2.32	S	3.90	a
Coffea 6	125	002-2897	1.88	S	3.80	a	Calendolon Combudoron	25g 25g	006-0210 028-7342 027-6709	2.32 2.32 2.32	S S S	3.90 3.90 3.90	a
30 Colocynthis 6	125	276-4165 002-3010	2.22 1.88	S S	4.50 3.80	a a	Copper Hypericum/Calendula Larch Resin	25g 25g 25g	017-4243 028-7623	2.32 2.32 2.32	S	3.90 3.90 3.90	a a a
30 Cuprum Met	125	276-4173	2.22	S	4.50	a	Rhus Tox Ruta	25g 25g	017-4318 018-1602	2.32	S	3.90 3.90	a
6 30 Drosera	125 125	006-0244 028-7938	1.88 2.22	S S	3.80 4.50	a a	Phosphorus/Tart pillules Chamomilla 3X	25ml 15g	207-2015 027-6584	4.11 2.65	S S	6.90 POM 4.45	a a
6 30	125 125	006-0251 028-7946	1.88 2.22	S S	3.80 4.50	a a	Ferrum Phosphate Co spray	7g	207-1637	2.86	S	4 80 POM	a
Euphrasia 6 30	125 125	006-0277 028-8100	1.88 2.22	S S	3.80 4.50	a a	Combudoron tablets Arnica 6X	30ml 100	070-9311 027-6519	2.95	S	2.70 4.95	d a
Ferrum Phos 6	125	006-0285	1.88	S	3.80	a	Bidor 1% Bidor 5%	100 50	028-7052 000-3178	2.95 2.21	S S	4,95 3.70	a a
30 Gelsemium 6	125	028-8134 039-4908	2.22	S S	4.50 3.80	a a	Carbo Betula 3X Carvon	100 100 100	027-6568 207-1546 207-1553	2.95 2.95 2.95	S S S	4.95 4.95 4.95	a a a
30 Graphites	125	028-8167	2.22	S	4.50	a	Cinnabar 20X Feverfew 6X	100 125	207-1579 017-1579	2.95 2.95	S S	4 95 4.95	a
6 30	125 125	006-0400 028-8456	1.88 2.22	S S	3.80 4.50	a a	Fragador Fragana/Vitis Lapis/Cancri/Silica	100 100 100	028-7490 207-1892 207-1918	2.95 3.28 4.11	S S	4.95 5.50 6.90	a a a
Hamamelis 6 30	125 125	006-0426 028-8506	1.88	S S	3.80 4.50	a a	Laxadoron Nausyn	100 100	028-7656 207-1967	2.95	S S	4.95 5.50 POM	a a
Hepar Sulph 6	125	006-0442	1.88	S	3.80	a	pharmacy only medicines Aconite/Bryonia	25ml	207-1587	4.11	S	6.90 P	a
30 Hypericum 6	125 125	028-8530 039-4916	2.22 1.88	S S	4.50 3.80	a a	compounds Bolus Eucalypti Onopordon A	50g 25ml	207-1520 207-1975	4.11 4.11	S S	6.90 P 6.90 P	a a
30 Ignatia	125	028-8555	2.22	S	4.50	a	Onopordon B Cough drops	25ml 25ml	207-1983 029-0163	4.11 2.86	S S	6.90 P 4.80 P	a a
6 30 Ipecac	125 125	039-4924 028-8647	1.88 2.22	S	3.80 4.50	a a	creams Catarrh frost	25g 25g	029-0148 029-0379	2.32 2.32	S S	3.90 P 3.90 P	a a
6 30	125 125	039-4932 028-8670	1.88 2.22	S S	3.80 4.50	a a	drops Choleodoron	25ml	207-1561	4.11	S	6.90 P	a
Kali Bich 6 30	125 125	006-0483 028-8746	1.88 2.22	S S	3.80 4.50	a a	Cratageus Co Digestodoron Erysidoron 1	25ml 25ml 25ml	207-1595 207-1603 207-1629	3.99 2.86 2.86	S S S	6.70 P 4.80 P 4.80 P	d a a
Kalı Phos 6	125	039-9675	1.88	S	3.80	a	Fragana/Urtica Mandragora Co	25ml 25ml	207-1645 207-1926	4.11 3.99	S	6.90 P 6.70 P	a d
I January 2002 Cha	minto	Danasia	4.										

		PIP code	Trade	VAT	Retail				PIP code	Trade	VAT	Retail	
Menodoron	25ml	207-1942	2.86	S	4.80 P	a	facial oil	50ml	205-1449	3.64	S	5.95	a
Pertudoron 2	25ml	207-2007	4.11	S	6.90 P	a	moisturising cream	30m1	205-1456	3.64	S	5.95	a
Rheumadoron 1	25m1	207-2031	2.86	S	4.80 P	a	ins range						
Rheumadoron 102A	25ml	013-9444	2.86	S	4.80 P	a	cleansing lotion	100m1	260-4593	2.82	S	4.60	a
Rheumadoron 2	25ml	207-2049	4.11	S	6.90 P	a	day cream	30ml	260-4601	3.44	S	5.60	a
Dulcamara/Lysamachia	25ml	207-1611	2.86	S	4.80 P	a	facial masque	30ml	260-4619	2.82	S	4.60	a
dusting powder							facial toner	100m1	238-6167	2.82	S	4.60	a
W.Č.Š.	50g	019-0140	2.86	S	480 P	a	intensive treatment						
ointments							masque	30ml	260-4627	3.44	S	5.60	a
Antimony	25g	028-9892	2.32	S	3.90 P	a	moisturising cream	30m1	003-5527	3.44	S	5.60	a
Balsamıcum	25g	028-9934	2.32	S	3.90 P	a	night cream	30m1	003-5543	3.44	S	5.60	a
Dermatodoron	25g	012-7381	2.32	S	3.90 P	a	soap	100g	003-5832	2.27	S	3.70	a
Gencydo	25g	029-0452	2.32	S	3.90 P	a	lip balm	7ml	217-2963	2.75	S	4.50	a
Rheumadoron	25g	015-9533	2.32	S	3.90 P	a	specialist skin care						
Oleum Rhinale	15ml	028-7664	2.86	S	4.80 P	a	Aknedoron lotion	100m1	049-3767	2.20	S	3.60	a
tablets							deep cleanser	100ml	022-5896	2.20	S	3.60	a
Apatite 6X Comp	100	028-6591	2.95	S	4.95 P	a	WELLAND (Clinimed)						
Cinnabar 20X/Pyrites 3X	100	027-6675	2.95	S	4.95 P	a	Silhouette 2 Uro						
Digestodoron	100	029-0312	2.95	S	4.95 P	a	2 piece urostomy pouch						
Ferrum Siderum 6X	100	028-7482	2.95	S	4.95 P	a	with soft backing			24.50(1	0) S		•
Pyrites 3X	100	207-2023	3.28	S	5.50 P	a	unu745 clear 284-7564, unu	945 beige 28	4-7572				1
Scleron	100	207-2056	4.11	S	6.90 P	a	hydrocolloid flange						
Vitis Co	100	207-2064	4.11	S	6.90 P	a	45mm	UUU 413	284-7556	12.21(5) S		
skin care							WISDOM (Wisdom)						
almond range							(distributors Ceuta Healthcare)						
cleansing lotion	75 ml	260-4635	2.30	S	3.75	a	dental floss	75m	284-7697	6.74(1	2) S	0.99	
facial masque	3x10m1	260-4643	3 64	S	5.95	a							

Amendments to list of Manufacturers and Distributors

Celltech Pharmaceuticals Ltd (Code 3651) 208 Bath Road Slough Berkshire SL1 3WE Tel: 01753 447544 Fax: 01753 447604 Fax: 01753 447604

Chiron Corporation Ltd (Code 107)

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Cranford Hounslow
Middlesex TW5 9RR
Tel: 020-8580 4040

Fax: 020-8580 4001 Chiron UK Ltd d Chiron UK Ltd (Code 1092) Salamander Quay West Park Lane Harefield Middlesex UB9 6NY Tel: 01895 824087 Fax: 01895 824965 Crookes Healthcare Ltd (Code 2712) D80 Building Thane Road Nottinghamshire NG90 1LP Tel: 0115 953 9922 Fax: 0115 968 8722 Kruger UK Ltd (Code 3654) Wellington House Delamere Street d Crewe Cheshire CW1 2LZ Tel: 01270 588333 Fax: 01270 588665 Pelican Healthcare Ltd (Code 300) Cardiff Business Park Cardiff
South Glamorgan CF14 5WF
Tel: 029-2074 7000
Fax: 029-2074 7001 Fax: 029-20/4 /001 Spectacular Cosmetics Ltd (Code 2940) Spectacular House Strathcona Road Wembley Middlesex HA9 8QP Tel: 020-8385 4400 Fax: 020-8385 4404 Email. sales@spectacular co.uk



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Contact Debra Thackeray. Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: http://www.dotpharmacy.co.uk

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- 1. What would they expect your gross profit margin to be compared with similar pharmacy businesses?
- 2. How does the market value your goodwill?
- 3. How do you get paid by the PPA? If they are aware that it is in arrears do they know approximately how far in arrears the payments are?
- 4. What is the average value of stock held by a pharmacy business of similar size to yours?
- 5. Does your accountant prepare quarterly management accounts so that you know what profit you are making, what tax you will have to pay, and discuss your profit margins with you so that you can work towards improving
- 6. Is your top rate of tax 40% if so why when you could be paying only 20%?
- 7. Does your accountant have contacts in the pharmaceutical industry with stock takers, EPOS providers, shop fitters, purchase/sale agents, sources of finance etc specifically for pharmacists?

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Backissues

Andrea Robinson, chair of the Welsh Executive of the Royal Pharmaceutical Society, has been appointed to the newly established panel that will advise the National Assembly for Wales on substance abuse issues. Pharmacist Madeleine **Keyworth** has been appointed chairman of the Doncaster and South Humberside NHS Trust. She was formerly chair of South Humber HA. Simon Clark has been appointed commercial director at Ivax Pharmaceuticals, with responsibility for sales and marketing in the UK across both the branded and generic divisions. Amanda **Lealman** has been appointed customer



Kevin Kerr

loyalty manager. Joanne Shaw is to be the new director of a concordance and patient partnership programme based at

the Royal Pharmaeeutieal Society. The programme will focus on how partnership between patients and prescribers can improve patients' health and quality of life, as well as making better use of NHS resources. There have been a raft of new appointments at Phoenix Healthcare. As a result of **David Heron** being appointed general manager for Scotland, Ged Kelly has taken responsibility for the Burnley and Penrith depots. Ken

Greer moves from Burnley and becomes responsible for the York and Derby depots and also takes PHD's medical division in Sheffield under his wing. Chris Hadlington is now responsible for Cambridge and Stirchley. Phoenix has streamlined its ethical buying operation. Kevin Kerr will oversee buying for the Glasgow and Aberdeen depots; **Angela Dove** will handle York and Derby and **Scott Lewis** Cambridge and Stirehlev. Phoenix has also appointed a number of new depot managers. David Blacklock has been promoted to the top job at Burnley. **David Aitken** becomes depot manager in Glasgow, Les Gray in Penrith, David Whiston in Stirehley, and Glyn Davies in Portsmouth.

Christmas crackers bare (not quite) all for charity

If you want to raise some money for charity and attract publicity for your pharmacy you could do worse than follow the example of the staff at Trent Health Enterprises pharmacy in Werrington, near Stoke-on-Trent. Mind you, you might need a bit of bare faced cheek...

What started out as a mad idea - a bit of a dare - has turned into something of a money spinner after five members of staff, including pharmacist Sue Adams, decided to give their customers a treat by stripping off to pose for a charity calendar

Quite what effect the calendar is having on the blood pressure of the pharmacy's customers is not known, but demand from regulars has already led to a reprint, and £800 has been raised for the Douglas Macmillan Hospice in Blurton. The cellophane-wrapped



Left to right: Chemist Crackers Chris Knapper and Lyndsay Callcutt, alleged to be instigators of the project, with pharmacist Sue Adams, Mandy Simcock and Hayley Dale

ealendars are on sale at £4, and there is no peeking. "We want money up front," says Sue Adams.

What makes the calendar a collector's item is that it is probably the only one of its genre to be shot in a pharmaey. The staff stayed behind one evening after work and, fortified with the

odd glass of wine, posed for photographer Ann Barker, a part-time member of staff. "It's all very tongue in check," says pharmacist Sue. "Nobody thought we would go ahead..." Word of the women's exploits has earned them coverage on a local radio station and even a phoneeall from the Sunday Sport.

The shy retiring feller back left waving the large cheque is Alistair Farquhar, group pharmacist at Lincoln Co-op. He is helping Stuart Parker, the Coop's vice president (on his bike), hand out awards from the Lincoln Co-op **Healthcare Fund to** deserving causes. In 2001 33 projects across the county benefited to the tune of £23,000



A message from Scrooge...

Our Members of Parliament continue to battle to extend exemption from prescription charges to the unfortunate 10-15 per eent of those who still have to pay. However, Tim Heald got little eomfort when he asked in a written parliamentary question what plans the Secretary of State for Health has to introduce exemption from charges for those persons who suffer from severe mental illness.

Jaqui Smith told him: "Our policy is to give priority to helping those who may have difficulty in paving charges, rather than extending the exemption arrangements to people with other medical conditions."

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